

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: _____ HOUSING AUTHORITY OF MARION COUNTY _____ PHA Code: IL 057 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): __01/2012_____																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: __445_____ Number of HCV units: __277_____																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<p><b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:</p> <p>Since it's inception in 1946, the Marion County Housing Authority has uninterruptedly served Marion County and it's contiguous counties in providing decent, safe and affordable housing to the low income families of the area. Marion County Housing Authority does not provide housing thru Entitlement Programs. The residents must meet certain standards and pay rent to the Housing Authority. The Housing Authority functions as a Business in the rental concept of affordable housing.</p> <p>From the original single family homes constructed for returning veterans of World War II to construction of a total of sixteen Public Housing projects consisting of duplexes and complexes to participation in the Housing Voucher and Housing Choice Voucher Programs which utilize privately owned housing stock in the community, the Marion County Housing Authority has stayed abreast of the housing needs of the citizens.</p> <p>Construction of the first Public Housing project was accomplished during the racial unrest of the early sixties. Upon completion, it was the first in the area to offer decent housing regardless of race, color, religion or national origin. The aging of the population was addressed in the mid sixties with construction of housing for the elderly and disabled. All segments of the population have been heard and their needs met.</p> <p>The Mission of the Marion County Housing Authority always has been and always will be to continue to serve the elderly, disabled, low income and very low income families of Marion County by providing decent, safe and affordable housing.</p>																										
<b>5.2</b>	<p><b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p><u>The goals and objectives of the HA</u> are contained in the Five-Year Plan and the Admissions and Continued Occupancy Plan/Section 8 Administrative Plan. These were written to comply with the HUD guidelines, rules, regulations and Federal Law. The basic goals and objectives are:</p> <ol style="list-style-type: none"> <li>1. to increase the availability of decent, safe and affordable housing in Marion County, Illinois, and its contiguous communities;</li> <li>2. to insure equal opportunity in housing for all Americans;</li> <li>3. to promote self-sufficiency and asset development of families and individuals; and</li> <li>4. to take steps to help improve community quality of life and economy vitality.</li> </ol> <p><b>FY 2011 Progress Report remarks in Section 10.0</b></p>																										
<b>6.0</b>	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b><u>Attachment il057a01</u></b></p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b><u>Copies of the MCHA 5-yr plan and Annual PHA Plan are obtainable at the following locations:</u></b> PHA Main office, 719 East Howard, Centralia IL 62801 AMP 1 office, 720 N. Lincoln, Centralia IL 62801 AMP 2 office, 1014 N. Dawley, Salem IL 62801 AMP 3 office, 406 S. Maple, Sandoval IL 62882 MCHA2000.org Website posting is in progress.</p>																										

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable</i>  <b>Hope VI, Mixed Finance Mod or Devel..... Not Applicable</b>  <b>Demolition and/or Disposition, Conversion, Homeownership, PBA..... NO Change.</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>CFP tables: Attachment il057j-p01 Signature pages: Attachment il057t01 Environmental Review Part 50 (HUD Form-4128): Attachment il057i01</b></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>Attachment il057q01</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b><u>HOUSING NEEDS SECTION 8 : CURRENT APPLICATIONS</u></b>  As of 07-01-11 the current applications indicate that all applicants (100%) find housing affordability a major factor in their housing needs. There are no indications that housing supply or quality has any influence on the needs. The private housing stock accessible to voucher holders is ample in number and meet or exceed minimum housing standards.</p> <p>22% of the extremely low income families indicated a need for some handicap facilities; while 54% of the elderly/disabled expressed a need. Racially, 24% of the minority applicants showed need for handicap facilities.</p> <p>Of the total applications on hand (266), 75% of the extremely low income required a 1 or 2 bedroom unit and 25% needed 3 or more bedrooms. The majority of the elderly/disabled applicants fell into the 1-2 bedroom categories, as did 79% of the minority. 21% of the minority applicants required 3 or more bedrooms.</p> <p>The following pages show the breakdown of Section 8 applications by racial/ethnic groups and income ranges. 81% of all applicants are well within the "Extremely Low Income" range that is 30% or less of median income.</p> <p>This clearly indicates that meeting the 75% admission requirements can easily be met.</p> <p>It even more clearly indicates the need for additional vouchers to meet the needs of our community.</p> <p><b><u>HOUSING NEEDS PUBLIC HOUSING: CURRENT APPLICATIONS</u></b>  As of 07-01-2011 the current applications indicate that all applicants (100%) find housing affordability a major factor in their housing needs. There are no indications that housing supply or quality has any influence on the needs. The private housing stock accessible to voucher holders is ample in number and meet or exceed minimum housing standards.</p> <p>20% of the extremely low income families indicated a need for some handicap facilities; while 38% of the elderly/disabled expressed a need. Racially, 1% of the minority applicants showed need for handicap facilities.</p> <p>Of the total applications on hand (154), 91% of the extremely low income required a 1 or 2 bedroom unit and 9% needed 3 or more bedrooms. 100% of the elderly/disabled applicants fell into the 1-2 bedroom category, as did 91% of the minority. 9% of the minority applicants required 3 or more bedrooms.</p> <p>The following pages show the breakdown of public housing applications by racial/ethnic groups and income ranges. 82% of all applicants are well within the "Extremely Low Income" range that is 30% or less of median income, 16% are within the "Very Low Income Range", and 2% are within the "Low Income" range.</p> <p>This clearly indicates that meeting the admission requirements can easily be met.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Marion County Housing Authority has and will continue to endeavor to meet the needs of the population by maintaining 100% lease-up; ensuring equal opportunity by extending service areas beyond Marion County to continuous counties that lack housing agencies; continue to promote self-sufficiency and furthering education; continue the relationships within the community policing and social departments; and continue to implement on-going modernization of existing housing units through the current Capital Fund Program and to seek and apply for any further grant opportunities.</b></p>

	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.</p> <p><b>Marion County Housing Authority continues to progress in its mission to serve the elderly, disabled, low income and very low income families of Marion County by providing decent, safe and affordable housing through its on-going programs and grants that provide modernization of existing units and housing subsidies.</b></p> <p style="text-align: center;"><b>PROGRESS REPORT - YEAR 5 OF FIVE YEAR PLAN - FISCAL YEAR ENDING DECEMBER 31, 2011</b></p> <p><b>GOAL 1: Meeting the needs of the population</b> Public housing maintains leasing averages at 97% annually. Available Housing Choice Vouchers were utilized 100% assisting the private rental market. The Fair Share Vouchers have been fully implemented. No further monies were available from the U.S. Dept. of Housing and Urban Development for more vouchers.</p> <p><b>GOAL 2: Ensuring equal opportunity in the Housing Authority</b> The Administration Plan for Section 8 weights applications for vouchers and has successfully expanded service areas beyond Marion County into continuous counties that lack public housing agencies, therefore continuing implementation of ongoing deconcentration efforts.</p> <p><b>GOAL 3: Promoting self-sufficiency and asset development</b> The Authority continues to assess the impact of the cessation of the Community Service Program requirement in cooperation with the Department of Human Services. We are still working with the local higher education facilities and local workforce training programs. The Authority continues to keep residents informed of available scholarships. The Section 8 Housing Choice Voucher Family Self-Sufficiency program has successfully implemented 100% of the mandatory contracts including twenty (20) families who have completed their goals and graduated from the program including one who has become a homeowner.</p> <p><b>GOAL 4: Improving the Community</b> The Housing Authority continues its relationship with the Centralia Development Association in securing economic opportunity for the community. The police and the leasing department continue to work closely in an effort to keep up a high caliber of residents. The general population fully utilizes the police sub-station located in the Housing Authority main office for easy access by Housing Authority residents. The Community Police Officers continue the implementation of an in-car computer system for accessing tenant data in connection to the tenant identification program and parking permits. The successful implementation of a Curfew and Criminal Trespass policy for public housing property continues to improve neighborhood problems. Officer Mason Jackson continues to reach the community's youth by presenting education of crime prevention, drug use prevention, and other crucial programs that will enable our youth to become upstanding citizens of the community.</p> <p><b>GOAL 5: Improving housing stock</b> A physical needs assessment is being implemented county-wide for all aspects of the public housing stock. The on-going Capital Funds program continues to improve the physical plant, therefore abating any demolition schedule for existing public housing stock. The addition of housing vouchers in the community continues to greatly influence the condition of the private housing stock. Fewer units are rejected due to condition each year.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification:"</p> <p style="text-align: center;"><b><u>Criteria for Substantial Deviations And Significant Amendments</u></b></p> <p>Any significant amendment or substantial deviation/modification to a PHA Plan is subject to the same requirements as the original PHA Plan (including time frames). Following are the requirements:</p> <ul style="list-style-type: none"> <li>• The PHA must consult with the Resident Advisory Board (RAB) (as defined in 24 CFR 903.13);</li> <li>• The PHA must ensure consistency with the Consolidated Plan of the jurisdiction(s) (as defined in 24 CFR 903.15); and</li> <li>• The PHA must provide for a review of the amendments/modifications by the public during a 45-day public review period (as defined in 24 CFR 903.17).</li> <li>• The PHA may not adopt the amendment or modification until the PHA has duly called a meeting of its Board of Directors (or similar governing body). This meeting, at which the amendment or modification is adopted, must be open to the public.</li> <li>• The PHA may not implement the amendment or modification until notification of the amendment or modification is provided to HUD and approved by HUD in accordance with HUD's plan review procedures (as defined at 24 CFR 903.23).</li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p><b><u>Items a through e will be submitted by e-mail</u></b></p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <b><u>Attachment il057s01</u></b></p> <p>(g) Challenged Elements <b><u>Attachment il057r01</u></b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <b>CFP tables: Attachment il057j-p01 CFP signature pages: Attachment il057t01</b> <b>Environmental Review Part 50 (HUD Form-4128): Attachment il057i01</b></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b><u>Attachment il057q01</u></b></p>



**MARION COUNTY HOUSING AUTHORITY**

**FY 2012 ANNUAL PLAN**

**SECTION 6.0 (a)**

Element (1) Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.....	Attachment il057b01
(2) Financial Resources.....	Attachment il057c01
(3) Rent Determination.....	NO REVISIONS
(4) Operation and Management.....	NO REVISIONS
(5) Grievance Procedures.....	NO REVISIONS
(6) Designated Housing for Elderly and Disabled Families.....	NO REVISIONS
(7) Community Service and Self-Sufficiency.....	NO REVISIONS
(8) Safety and Crime Prevention.....	NO REVISIONS
(9) Pets..... NO REVISIONS.....	Attachment il057d01
(10) Civil Rights Certification.....	Not Applicable
(11) Fiscal Year Audit.....	Attachment il057e01
(12) Asset Management.....	NO REVISIONS
(13) Violence Against Women Act (VAWA).....	Attachment il057f01
<u>Other Attachments</u>	
Carbon Monoxide Detector Policy.....	Attachment il057g01
Procurement Policy changes due to ARRA.....	Attachment il057h01

**Eligibility, selection and Admissions Policies, including Deconcentration and Wait List Procedures.**

**DECONCENTRATION POLICY**

**PUBLIC HOUSING**

In an ongoing effort for The Housing Authority to meet or exceed the laws and regulations regarding its public housing programs, the following Deconcentration Policy has been developed in order to comply with the Housing Quality and Work Responsibility Act of 1998, Section 513.

**INCOME MIX TARGETING**

To meet the requirements of the Act, and subsequent HUD regulations, at least forty percent (40%) of families admitted to public housing by the Housing Authority must have incomes that do not exceed thirty percent (30%) of the area median. If forty percent (40%) or more of the housing authority units are occupied by families whose incomes do not exceed thirty percent (30%) of the area median income, this requirement shall be considered as being met and efforts will be concentrated on maintaining this mix.

Additionally, to meet this goal, the housing authority may use the provisions of fungibility to the extent that the housing authority has provided more than seventy-five percent of newly available vouchers and certificates in its Section 8 program, including those resulting from turnover, to very poor families. The number of fungible housing credits used to drop the annual requirement for housing very poor families below forty percent (40%) of the newly available units in public housing is limited to the lowest of the following:

1. The number of units equivalent to ten (10) percent of the number of newly available vouchers and certificates in that fiscal year; or,
2. The number of public housing units that (i) are in public housing projects located in census tracts having a poverty rate of 30% or more, and (ii) are made available for occupancy by, and actually occupied in that year by, families other than very poor families, or
3. The number of units that cause the housing authority's overall requirement for housing very poor families to drop to 30% of its newly available units.

## **DECONCENTRATION POLICY**

### **PAGE 2**

### **PROHIBITION OF CONCENTRATION OF LOW-INCOME FAMILIES**

The housing authority may not, in meeting this income mix targeting, concentrate very low-income families, or other families with relatively low incomes, in public housing units in certain projects or certain buildings, i.e. high-rise, within projects. The Housing Authority must review the income and occupancy characteristics of the housing projects and the buildings, i.e. high-rise, of each project to ensure that a low-income concentration does not occur.

### **DECONCENTRATION**

The Housing Authority shall make every effort to deconcentrate families of certain income characteristics within the PHA complexes. To achieve this, the Housing Authority may offer incentives for eligible families having higher incomes to occupy dwelling units in projects predominantly occupied by eligible families having lower incomes, and provide for occupancy of eligible families having lower incomes in project predominantly occupied by eligible families having higher incomes.

Incentives by the Housing Authority allow for the eligible family to have the sole discretion in determining whether to accept the incentive and the agency may not take any adverse action toward any eligible family for choosing not to accept these incentives.

The skipping of a family on the waiting list to reach another family to implement this Deconcentration Policy shall not be considered an adverse action. As such, the Housing Authority will continue to accept applications and place the individuals on a waiting list. Selection will be made based on a combination of the local preferences and an income target mix. Any eligible family who qualifies as a higher income family may accept a dwelling unit assignment and be placed randomly into a vacant housing unit.

The Housing Authority will track the income mix within each project and building, i.e. high-rise, as an effort to avoid a concentration of higher or lower income families in any one high rise building (i.e. building of three (3) or more stories) or development.

# **DECONCENTRATION POLICY**

**PAGE 3**

## **SECTION 8 TENANT-BASED ASSISTANCE**

### **INCOME MIX TARGETING**

In each fiscal year, not less than seventy-five percent (75%) of the new admissions must have incomes at or below thirty percent (30%) of the area median income.

At least forty percent (40%) of new admissions to a specific project must have incomes at or below thirty percent (30%) of the area median income. Other admissions to a specific project must be at or below eight percent (80%) of the area median, with allowances for any HUD-instituted modifications.

## DECONCENTRATION POLICY

### PAGE 4

### NARRATIVE

Per the HUD Fiscal Year 2011 Income Limits and Fair Market Rent data effective 05/14/2011, the Median Income for Marion County, Illinois, is \$54,600. Thirty percent (30%) of median income is \$16,380.

Thirty percent (30%) of Median per number in household is as follows:

<b>Person(s)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
30% median	\$11,900	\$13,600	\$15,300	\$17,000	\$18,400	\$19,750	\$21,100	\$22,450
Very-low Income	\$19,850	\$22,650	\$25,500	\$28,300	\$30,600	\$32,850	\$35,100	\$37,400
Low Income	\$31,750	\$36,250	\$40,800	\$45,300	\$48,950	\$52,550	\$56,200	\$59,800

Marion County Housing Authority has 445 units available. Per QHWA the forty percent (40%) of leased units that must be housed with families within the thirty percent (30%) of median income is One Hundred Seventy-eight (178) tenants.

The most recent available percentages of leased units indicate that 269 or sixty-two percent (62%) of the families have incomes under \$16,380; surpassing QHWRA requirements standards by 22%.

## DECONCENTRATION POLICY

### NARRATIVE CONTINUED

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The percentage of families leased that have incomes under \$16,380 (which is thirty percent (30%) of the overall median income) by project are:

AMP #01 CENTRALIA:	57-01 Centralia	63%
	57-03 Centralia	40%
	57-09 Centralia	63%
	57-12 Centralia	68%
AMP #02 MEADOWLARK:	57-02 Salem	76%
	57-04 Salem	56%
	57-07 Salem	40%
	57-15 Salem	55%
AMP #02 SILVER ACRES:	57-05 Sandoval	57%
	57-06 Odin	81%
	57-08 Patoka	40%
	57-10 Sandoval	58%
	57-11 Alma	67%
	57-13 Kinmundy	75%
	57-14 Alma	60%
57-16 Sandoval	90%	

Each project has greater than 40% of the families with 30% or less of the median income. Monitoring will be conducted to confirm that at least forty percent (40%) of all leased units will be within thirty percent (30%) of median income.

Efforts, through marketing and outreach, shall be made to increase the number of families with incomes greater than 30% of median income in the developments noted above in order to avoid concentrations of very low income families in the projects as per the requirements of the QHWRA of 1998.

Section 8 Vouchers are current at 205 of total families on the program that have total family income at or below thirty percent (30%) of median income.



**MARION COUNTY HOUSING AUTHORITY**

**SECTION B: ANNUAL PLAN - STATEMENT OF FINANCIAL RESOURCES**

The Financial Resources and the projected expenditures of the Marion County Housing Authority during the plan year ending 12-31-2012 are:

<b>Program</b>	<b>Source</b>	<b>Amount</b>
<b>Low Rent Housing Income</b>		
	Performnce Funding Subsidy (Federal)	\$1,364,309
	Rental income	\$ 764,600
	Vacancy Loss	\$ -22,500
	Interest on General Funds	\$ 24,500
	Management Fees Earned	\$ 391,442
	Capital Fund Programs	\$1,429,940
	Other income	\$ 46,700
<b>Total Public Housing Income</b>		<b>\$3,998,991</b>
<b>Low Rent Housing Expenditures</b>		
	Program Administration Expenditures (Cost Center)	\$ 490,100
	Project Based Housing Expenditures	\$2,077,800
	Capital Funds Programs; Extraordinary Maint.	\$1,286,533
	Provision for deficit/surplus	\$ 144,558
<b>Total Public Housing Expenditures</b>		<b>\$3,998,991</b>
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<b>Section 8 Housing Income</b>		
	Annual HAP Contract	\$1,036,969
	Annual Administrative Fees earned	\$ 178,399
	Administrative Reserve Interest	\$ 2,502
<b>Total Section 8 Housing Income</b>		<b>\$1,217,870</b>
<hr/>		
<b>Section 8 Housing Expenses</b>		
	HAP Payment to Owners	\$1,005,440
	Administrative Expenses	\$ 178,399
	Contributions to Net Restricted Reserve	\$ 34,031
<b>Total Section 8 Housing Expenditures</b>		<b>\$1,217,870</b>

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**MARION COUNTY HOUSING AUTHORITY**

**SECTION N: FY 2012 ANNUAL PLAN**

**RULES GOVERNING  
PET OWNERSHIP  
IN PUBLIC HOUSING**

**(EXCERPT OF ADMISSION AND CONTINUED OCCUPANCY POLICY)**

**18.0 PET POLICY**

**18.1 EXCLUSIONS**

This policy does not apply to service animals, support animals, assistance animals, or therapy animals that are used to assist persons with disabilities. These animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors. The person requesting this exclusion to the Pet Policy of this housing authority must have a disability and the accommodation must be necessary to afford the person with a disability an equal opportunity to use and enjoy a dwelling.

To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the person’s disability. The Marion County Housing Authority will verify the existence of the disability, and the need for the accommodation— if either is not readily apparent. Accordingly, persons who are seeking a reasonable accommodation for an emotional support animal will be required to provide documentation from a physician, psychiatrist, social worker, or other mental health professional that the animal provides support that alleviates at least one of the identified symptoms or effects of the existing disability.

In addition, the Marion County Housing Authority is not required to provide any reasonable accommodation that would pose a direct threat to the health or safety of others. Thus, if the particular animal requested by the individual with a disability has a history of dangerous behavior, we will not accept the animal into our housing. Moreover, we are not required to make a reasonable accommodation if the presence of the assistance animal would (1) result in substantial physical damage to the property of others unless the threat can be eliminated or significantly reduced by a reasonable accommodation; (2) pose an undue financial and administrative burden; or (3) fundamentally alter the nature of the provider’s operations.”

**18.2. PETS IN PUBLIC HOUSING**

Marion County Housing Authority allows for pet ownership in its developments with the written pre-approval of the Housing Authority. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, residents assumes full responsibility and liability for the pet and agrees to hold the Housing Authority harmless from any claims caused by an action or inaction of the pet.

**18.3. TYPES OF HOUSING**

For the purpose of “Rules Governing Pet Ownership in Public Housing” the dwelling units of Marion County Housing Authority shall be considered either “Family units” or “Elderly Complexes”. The Project number and name/location are as follows:

- a. **FAMILY UNITS**
  - 1. 57-01 - SUSIE LEA DAVIS HOMES - CENTRALIA
  - 2. 57-01 - MALCOLM BRYANT APARTMENTS - CENTRALIA
  - 3. 57-02 - MEADOWLARK MANOR - SALEM
  - 4. 57-05 - FAMILY APARTMENTS - SANDOVAL
  - 5. 57-06 - FAMILY APARTMENTS - ODIN
  - 6. 57-12 - UPCHURCH APARTMENTS - CENTRALIA
  - 7. 57-12 - BLACKWELL APARTMENTS - CENTRALIA
  - 8.. 57-14 – WALTER E. BROOM APARTMENTS - ALMA

- b. **ELDERLY COMPLEXES:**
  - 1. 57-03 - LINCOLN COURTS - CENTRALIA
  - 2. 57-04 - GOLDEN ACRES - SALEM
  - 3. 57-05 - SILVER ACRES - SANDOVAL
  - 4. 57-06 - BLUE JAY COURTS - ODIN
  - 5. 57-07 - GLENWOOD ACRES I - SALEM
  - 6. 57-08 - COMMUNITY APARTMENTS - PATOKA
  - 7. 57-09 - ELM STREET APARTMENTS - CENTRALIA
  - 8. 57-10 - SUAREZ APARTMENTS - SANDOVAL
  - 9. 57-11 - PAUL T. MAULDING APARTMENTS - ALMA
  - 10. 57-13 - HERITAGE APARTMENTS - KINMUNDY
  - 11. 57-15 - GLENWOOD ACRES III - SALEM
  - 12. 57-16 - ELDERLY SCATTERED SITES - SANDOVAL

**18.4 WRITTEN APPLICATION AND WRITTEN APPROVAL REQUIRED**

Tenants desiring to own and keep a common household pet shall secure and complete an “Pet Permit Application” (a copy of which is made a part of these Rules) from the office of the MCHA or its representative. Within ten (10) days of receipt of request, the MCHA (or their representative) shall respond, by first class mail, with approval or denial of the request. Denial shall be accompanied by a letter explaining reasons for denial. Pets may not reside in unit until AFTER approval has been documented.

**18.5 TYPES, SIZES AND NUMBER OF PETS ALLOWED**

- A. **TYPES**  
 The Housing Authority will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles). If this definition conflicts with a state or local law or regulation, the state or local law or regulations shall govern.  
  
 All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.
- B. **SIZES:** Only dogs or cats weighing twenty-five pounds (25 lbs) or less are allowed as household pets.
- C. **NUMBER:** Only one (1) dog or one (1) cat per household is allowed.  
 Fish (limited to one (1) aquarium) and birds (limited to two (2)) are allowed without application for permission. Permission for fish or birds in excess of the above must be requested in writing to Management.

**18.6 DEPOSITS**

- A. **ELDERLY COMPLEXES**  
 (SEE ABOVE FOR LOCATIONS):  
 A seventy-five dollar (\$75.00) cash deposit shall be paid to the Housing Authority to pay for any damage. This deposit shall be retained until the tenant vacates the unit or removes the pet permanently from the household, and is refundable less any amounts owed due to damage beyond normal wear and tear.
- B. **FAMILY UNITS**  
 (SEE ABOVE FOR LOCATIONS):  
 A one hundred and fifty dollar (\$150.00) cash deposit shall be paid to the Housing Authority to pay for any damage. This deposit shall be retained until the tenant vacates the unit or removes the pet permanently from the household, and is refundable less any amounts owed due to damage beyond normal wear and tear.

**18.7 INOCULATIONS**

Acceptable Veterinarian Certification of distemper and rabies inoculations must be presented at time of payment of "Pet Deposit". Certification from Veterinarian must be presented at time of annual recertification of Continued Occupancy indicating the current status of inoculation.

**18.8. LOCATION OF PETS**

Pets shall be kept within the confines of the unit at all times unless and until they are taken out of the unit on a leash. No animal shall be permitted to be loose in hallways, lobby areas, laundry areas, community rooms, yards or other common areas of the facility. The owner of the pet shall remain with the pet at all times when out of the unit. No outside cages may be installed or constructed.

**18.9 PET WASTE**

Tenants are solely responsible for cleaning up pet waste. Outside of the unit and on facility grounds droppings must be disposed of by being placed in a sack or plastic bag and then placed in a refuse container outside the building. Urine deposits on sidewalks, hallways or other common traffic areas must be wiped up immediately and disposed of in a refuse container.

**18.10. LEASHES**

Dogs or cats will be leashed at all times when they are outside the owner's dwelling unit.

**18.11. INSPECTIONS**

An inspection will be made after the unit is vacated or the pet is removed. Any damages incurred shall be charged to the tenant and deducted from the deposit. Tenant is responsible for any charges in excess of the pet security deposit. Any charges over and above the deposit shall be billed to the tenant and will be due within 30 days of the billing.

During the tenancy, periodic inspections may be made of the unit to determine what, if any, damages have occurred since the previous inspection. If damages are found, repairs shall be made and will be assessed to the tenant. Charges are due within 30 days of the billing. Damages to the unit shall be noted and retained in the individual tenant/pet file.

**18.12 PET BEHAVIOR**

Tenants shall not permit their pet to disturb, interfere or diminish the peaceful enjoyment of other residents. The term "disturb, interfere or diminish" shall include, but not be limited to, barking, howling, chirping, biting, scratching and other like activities.

Vicious and/or intimidating pets will not be permitted.

Repeated substantiated complaints by neighbors or Housing Authority personnel or representatives regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself.

**18.13 FINANCIAL OBLIGATIONS OF RESIDENTS**

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also any pet-related insect infestations in the pet owner's unit will be the financial responsibility of the pet owner and the Housing Authority reserves the right to exterminate and charge the resident.

**18.14 CARE**

Pets will be kept clean, free of parasites and odor-free at all times to help protect other tenants with health problems or differing likes and dislikes.

Tenants must identify an alternative custodian for the pets in the event of a tenant's illness or other absence from the dwelling unit. The identification of an alternative custodian must occur prior to the Authority issuing the pet permit.

**18.15 LICENSES/REGISTRATION**

Where applicable, dogs or cat owners shall comply with licensing and/or local regulations.

**18.16 MISCELLANEOUS RULES**

- A. Pets may not be left unattended in a dwelling unit for over eight (8) hours. If the pet is left unattended and no arrangements have been made for its care, the Authority will have the right to enter the premises and take the uncared for pet to be boarded at a local animal care facility at the total expense of the resident.
- B. Pet bedding shall not be washed in any common laundry facilities.
- C. All dogs must wear a tag bearing the resident's name and phone number.

- D. Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.
- E. **A pet owner shall have physical control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's unit to conduct business, provide services, enforce lease terms, etc.**
- F. If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within 24 hours of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.
- G. The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

**18.17 REVOCAION OF APPROVAL TO KEEP ANIMAL PETS**

The Housing Authority may revoke approval to own and keep an animal pet within the dwelling unit if any of the follow occur:

- A. Records (see Section E 5, Inspections above) indicate that repeated and excessive damages have occurred due to the presence of an approved pet; or
- B. Records in file indicate that more than two (2) documented complaints or instances (see Section E.6, Pet Behavior above) from neighbors or nearby residents have been generated in any one (1) month, or six or more complaints have been received during the past 12 months; or
- C. Charges billed to tenant from damages caused by pet remain delinquent for more than thirty (30) days of billing or are chronically late in being paid; or
- D. Documentation as provided by section 1 above is not furnished in a timely manner; or
- E. Other violations, as determined by the Executive Director, that are detrimental to the health, safety, well-being of other tenants.
- F. Notice of Revocation shall be mailed to tenant by first class mail. Failure to comply by removing the pet from the unit within the state time limit shall result in legal eviction; in which case, the tenant may be liable for legal costs.
- G. The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

**18.18 GROUNDS FOR EVICTION**

The following are some, but not necessarily all, violations of the pet policy which are grounds for eviction. Notice of the violation shall be mailed by first class mail to the violator. Violators shall be given no more than ten (10) days to correct the violation. Failure to do so will result in legal action being taken and the tenant may be responsible for all legal costs incurred in enforcement of these rules.

1. UNAPPROVED PETS
2. MAINTENANCE MEN OR INSPECTORS NOT ALLOWED ACCESS TO UNITS DUE TO PRESENCE OF PET.
3. PET WASTE NOT PROPERLY DISPOSED
4. FAILURE TO PRESENT PROOF OF INOCULATION
5. KEEPING OF ANY ANIMAL DETERMINED TO BE DANGEROUS OR VICIOUS
6. OTHER VIOLATIONS AS DETERMINED BY THE EXECUTIVE DIRECTOR OR HIS/HER REPRESENTATIVE THAT ARE DETRIMENTAL TO THE HOUSING AUTHORITY STAFF OR TENANTS.

**18.19 REMOVAL OF PETS**

The Housing Authority, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

In the even of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Housing Authority has permission to call the alternative custodian designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility. Any expenses incurred will be the responsibility of the owner.

**MARION COUNTY HOUSING AUTHORITY**

**SECTION P: ANNUAL PLAN**

**FY 2010 FISCAL AUDIT  
RESULTS**

Section I - Summary of Auditor Results ..... No findings  
Section II – Financial Statement Findings .....No Findings  
Section III - Federal Award Findings ..... No Findings

No other findings.

<b>Violence Against Women Act Required Statement PHA 5-year and Annual Plan</b>	<b>For FY: 2012</b>
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### 5-year Plan Requirements

Identify the PHA's goals, objectives, policies, or programs that will enable the housing authority to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking as required by the Violence Against Women Act of 2005. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

**The goal of the Marion County Housing Authority is to fully comply with the Violence Against Women Act (VAWA) by protecting qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.**

### Annual Plan Requirements

#### Section I: Services:

Activities, services, or programs provided or offered, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking including, but not limited to the following:

	Yes	No
1. The PHA coordinates with local community organizations, listed below: <b>Community Resource Center, B.C.M.W. Community Services, PAVE, SAFE, local area police departments.</b>	X	
2. The PHA has developed a <b>referral system for victims</b> of domestic violence, dating violence, sexual assault, or stalking.	X	
3. The PHA provides social services and/or case management to victims. Explain below: <b>The Marion County Housing Authority will offer coordination of services and programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking</b>	X	
4. The PHA provides training to its staff on VAWA's housing provisions and/or the dynamics of domestic violence, dating violence, sexual assault or stalking. <b>Include dates and topics of trainings:</b> Staff training on policy protocol: Sept 1, 2009	X	
Please list any other activities, services or programs offered (referrals for court and legal services, job training, on-site programs, etc.):	NA	

#### Section II: Obtaining and Maintaining Housing

Activities, services or programs provided or offered that help child or adult victims of domestic violence, dating violence, sexual assault, or stalking to obtain or maintain housing, including, but not limited to, the following:

<b>The PHA provides transitional housing programs</b> for victims of domestic violence, dating violence, sexual assault, or stalking. <b>THE PHA may refer victims to agency services providing short term housing programs.</b>	X	
2. The PHA has established a <b>preference category for victims</b> of domestic violence, dating violence, sexual assault, or stalking. Explain below: <b>The PHA will give preference as allowed by admission policy of displaced families.</b>	X	
3. The PHA has developed an <b>emergency transfer policy for victims</b> of domestic violence, dating violence, sexual assault or stalking living in public housing.		X
3. The PHA has developed a policy for the bifurcation of leases and/or rental assistance in public and Section 8 housing. <b>ACOP Section 20.3 - ADMIN PLAN Section 17.1 B</b>	X	
5. The PHA has developed a <b>policy for porting vouchers before the end of a lease term for victims</b> of domestic violence, dating violence, sexual assault, or stalking.	X	
6. If the PHA requires certification, the PHA has established a written procedure for verification of status as a victim of domestic violence, dating violence, sexual assault, or stalking in public and Section 8 housing. <b>HUD Form 50066</b>	X	
Please list any other activities, services or programs offered: (e.g. separate wait lists for victims or set aside programs).	NA	

#### Section III: Prevention and Safety Enhancement

Activities, services or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families, including but not limited to:

1. The PHA maintains all information related to an individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking as confidential, and will only disclose this information as required by law. Explain measures taken to ensure confidentiality. <b>All information provided under VAWA including the fact that an individual is a victim of domestic violence, dating violence, or stalking, shall be retained in confidence and shall not be entered into any shared database or provided to any related entity except to the extent that the disclosure is: A. Requested or consented to by the individual in writing; B. Required for used in an eviction proceeding; or C. Otherwise required by applicable law.</b>	X	
2. If the PHA has its own police or security officers, the PHA has policies that allow the PHA to enforce protection orders.	NA	
3. The PHA has information on domestic violence, dating violence, sexual assault, or stalking available to tenants and coordinates with local service providers to prepare prevention programs for tenants. <b>Flyers, brochures, notices are distributed on-going.</b>	X	
4. The PHA has notified all public housing tenants, Section 8 tenants, and Section 8 landlords of VAWA's housing protections. Explain how notice is provided. <b>VAWA notifications are included in each new lease and recertification; information is included in the quarterly newsletters, and brochures are distributed in the office lobbies.</b>	X	
5. Please list any other activities, services or programs offered: (e.g. increased security measures, lock changes, cameras, etc.) <b>Verified Victims living in public housing are afforded lock changes at no charge.</b>	X	

# MARION COUNTY HOUSING AUTHORITY

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## ANNUAL PLAN

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### **Violence Against Women Act Policy**

**The Marion County Housing Authority, in accordance with the Violence Against Women and Justice department Reauthorization Act of 2005, protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.**

**The Marion County Housing Authority will offer coordination of services and programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.**

**The Marion County Housing Authority has partnered with community services such as Community Resource Center for counseling services, BCMW for monetary assistance, and the local policing authorities.**

**The goal of the Marion County Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.**

**MARION COUNTY HOUSING AUTHORITY**

**SECTION C: ANNUAL PLAN - MISC POLICIES**

**Carbon Monoxide Detectors**

1. Performance Requirements

- a. Each dwelling must have at least one approved carbon monoxide alarm in an operating condition within 15 feet of every room used for sleeping purposes.
- b. The following residential units shall not require carbon monoxide detectors:
  - i. A residential unit in a building that: (1) does not rely on combustion of fossil fuel for heat, ventilation, or hotwater; (2) is not connected in any way to a garage; and (3) is not sufficiently close to any ventilated source of carbon monoxide, as determined by the local building commissioner, to receive carbon monoxide from that source.
  - ii. A residential unit that is not sufficiently close to any source of carbon monoxide so as to be at risk of receiving carbon monoxide from that source, as determined by the local building commissioner.

**RESOLUTION #978** was enacted on August 19, 2009 by **THE BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF THE COUNTY OF MARION, ILLINOIS, THAT** since the Marion County Housing Authority is receiving funding from American Recovery and Reinvestment Act of 2009 (recovery Act) that was signed into law by United States President Obama on February 17<sup>th</sup>, 2009; and

Since HUD published PIH Notice 2009-12 stating that a PHA shall amend its procurement policy to facilitate obligation and expenditure of Recovery Act funds; and

Since we always want to comply with HUD requirements,

the Marion County Housing Authority amends its Procurement Policy when dealing solely with Recovery Act funding to authorize our Contracting Officer to ignore state and local procurement requirements as expressed in our Procurement Policy except where permitted by 24 CFR 85 (i.e. conflict of interest and bid protest procedures).

In addition, the sentence that reads “In the event an applicable law or regulation is modified or eliminated, or a new law or regulation is adopted, the revised law or regulation shall, to the extent inconsistent with these Policies, automatically supersede these Policies” contained in the Changes in Laws and Regulations Section under General Provisions is suspended solely for procurements made with Recovery Act funding.

This resolution became effective immediately and became an addendum to our Procurement Policy.

# Environmental Assessment and Compliance Findings for the Related Laws

U.S. Department of Housing and Urban Development

1. Project Number	
HUD Program	IL 06 P 057 50110
2. Date Received	

RMS: HI-00487R

Findings and Recommendations are to be prepared after the environmental analysis is completed. Complete items 1 through 15 as appropriate for all projects. For projects requiring an environmental assessment, also complete Parts A and B. For projects categorically excluded under 24 CFR 50.20, complete Part A. Attach notes and source documentation that support the findings.

3. Project Name and Location (Street, City, County, State) AMP 001 (57-01;03;09;12) AMP 002 (57-02;04;07;15) AMP 003 (57-05;06;08;10;11;13;14;16)	4. Applicant Name and Address (Street, City, State, Zip Code), and Phone MARION COUNTY HOUSING AUTHORITY 719 EAST HOWARD STREET CENTRALIA, IL 62801
--	--

5. <input checked="" type="checkbox"/> Multifamily <input type="checkbox"/> Elderly <input type="checkbox"/> Other If Other, explain.	6. Number of _____ Dwelling Units _____ Buildings _____ Stories _____ Acres	7. Displacement <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain.
--	---	---

8.  New Construction  Rehabilitation  Other  
(If Other, explain) **REN., REHAB., AND REPAIR**

9. Has an environmental report (Federal, State, or local) been used in completing this form?  No  Yes  
If Yes, identify: \_\_\_\_\_

10. Planning Findings. Is the project in compliance or conformance with the following plans?

Local Zoning	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Coastal Zone	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Air Quality (SIP)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Explain any "No" answer: \_\_\_\_\_

Are there any unresolved conflicts concerning the use of the site?  
 No  Yes (explain): \_\_\_\_\_

11. Environmental Finding (check one)

Categorical exclusion is made in accordance with § 50.20 or

Environmental Assessment and a Finding of No Significant Impact (FONSI) is made in accordance with § 50.33 or

Environmental Assessment and a Finding of Significant Impact is made, and an Environmental Impact Statement is required in accordance with §§ 50.33(d) and 50.41.

Project is recommended for approval (List any conditions and requirements)  Project is recommended for rejection (State reasons)

Project Description: STORAGE SHEDS, SIDING, SECURITY CAMERAS, FASCIA/GUTTERS, ANTENNA TOWER GUARDS, CONCRETE WALK REPLACEMENTS, TREE TRIMMING, BACKFILLING, PLUMBING/SEWER REPAIR, APPIANCE REPLACEMENT, ANTENNA REPLACEMENT/REPAIR.

Determined to be Categorically excluded under 24 SFR Part 50.20 - Rehabilitation of Existing Structure in which density will not be changed by more than, 20%, land use remaining the same and costs of replacement would be greater than 75% more than rehab and renovation.

Annual Plan attached. *Jimmy A. Ben* 10/21/10 *Elmore Richardson* 10/21/10

12. Preparer (signature) <i>Gayla Busch</i>	Date 8/3/10	13. Supervisor (signature) <i>Elmore Richardson</i>	Date 8/3/10
--	----------------	--	----------------

14. Comments by Environmental Clearance Officer (ECO) (required for projects over 200 lots/units)

ECO (signature) X	Date
----------------------	------

15. Comments (if any) by HUD Approving Official

HUD Approving Official (signature) X <i>Elmore Richardson</i>	Date 10/21/10
--	------------------

**Part A. Compliance Findings for §50.4 Related Laws and Authorities**

§ 50.4 Laws and Authorities	Project is in Compliance		Source Documentation and Requirements for Approval
	Yes	No	
16. Coastal Barrier Resources	✓		
17. Floodplain Management (24 CFR Part 55)	✓		See Attached FEMA map, panel#1704530005C eff.12/18/1984
18. Historic Preservation (36 CFR Part 800)	✓		See Attached SHPO letter dated 12/2/2009 IHPA Log#025112009
19. Noise Abatement (24 CFR Part 51 Subpart B)	✓		
20. Hazardous Operations (24 CFR Part 51 Subpart C)	✓		
21. Airport Hazards (24 CFR Part 51 Subpart D)	✓		
22. Protection of Wetlands (E. O. 11990)	✓		
23. Toxic Chemicals & Radioactive Materials (§ 50.3(l))	✓		
24. Other § 50.4 authorities (e.g., endangered species, sole source aquifers, farmlands protection, flood, insurance, environmental justice)	✓		

**Part B. Environmental/Program Factors**

Factors	Anticipated Impact/Deficiencies			Source Documentation and Requirements for Approval
	None	Minor	Major	
25. Unique Natural Features and Areas				N/A CATEGORICALLY EXCLUDED UNDER 50.20
26. Site Suitability, Access, and Compatibility with Surrounding Development				N/A CATEGORICALLY EXCLUDED UNDER 50.20
27. Soil Stability, Erosion, and Drainage				N/A CATEGORICALLY EXCLUDED UNDER 50.20
28. Nuisances and Hazards (natural and built)				N/A CATEGORICALLY EXCLUDED UNDER 50.20
29. Water Supply / Sanitary Sewers				N/A CATEGORICALLY EXCLUDED UNDER 50.20
30. Solid Waste Disposal				N/A CATEGORICALLY EXCLUDED UNDER 50.20
31. Schools, Parks, Recreation, and Social Services				N/A CATEGORICALLY EXCLUDED UNDER 50.20
32. Emergency Health Care, Fire and Police Services				N/A CATEGORICALLY EXCLUDED UNDER 50.20
33. Commercial / Retail and Transportation				N/A CATEGORICALLY EXCLUDED UNDER 50.20
34. Other				N/A CATEGORICALLY EXCLUDED UNDER 50.20



Illinois Historic  
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Marion County

Various Locations

Rehabilitation, Capital Fund Program

IL 57-1 - Rexford, Robinett, Sadler, Jackson, Wright, Lincoln, Howard, Sycamore, Kell, McKee, Haussler, IL 57-3 - 241 N. Lincoln, 705 N. Elm, IL 57-12 - Marion, Maulding, Centralia; IL 57-11 - 606 Illinois, IL 57-14 - 605 East St., Alma; IL 57-02 - Shelby, Seneff, Dawley, Lyford, Trenary, Miller, Boone; IL 57-04 - 624 W. Schwartz; IL 57-7 - 1, 3 Glenwood Acres, Salem; IL 57-13 - 101, 102, 104, 105, 106, 107, Heritage, Kimmundy; IL 57-05 - Texas, Mulberry, Oklahoma, Broadway; IL 57-10 - 115 N. Main; IL 57-16 - S. Oak, Oklahoma, Arizona, Mulberry, Sandoval; IL 57-06 - 211 E. Ayrd, Everett St., Spruce St., Odin; IL 57-08 - 300 W. Bond, Patoka

IHPA Log #025112009

December 2, 2009

Evan L. Deadmond, Executive Director  
Marion County Housing Authority  
719 E. Howard St.  
P.O. Box 689  
Centralia, IL 62801

Dear Mr. Deadmond:

We have reviewed the documentation submitted for the referenced project(s) in accordance with 36 CFR Part 800.4. Based upon the information provided, no historic properties are affected. We, therefore, have no objection to the undertaking proceeding as planned.

Please retain this letter in your files as evidence of compliance with section 106 of the National Historic Preservation Act of 1966, as amended. This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

*Anne E. Haaker*

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

c: Tedd Taylor Termunde, HUD



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## Map Search Results

### FEMA Issued Flood Maps

Map Item ID	Description	Effective Date	Show LOMC	View	Buy
1704530005C	CENTRALIA,CTY/MARION/CLINTON C	12/18/1984			

[FEMA.gov](#) | [Accessibility](#) | [Privacy Policy](#) | [FAQ](#) | [Site Help](#) | [Site Index](#) | [Contact Us](#)

FEMA Map Service Center, P.O. Box 1038 Jessup, Maryland 20794-1038 Phone: (800) 358-9618  
Adobe Acrobat Reader required to view certain documents. [Click here to download.](#)

Ang 001

**NATIONAL FLOOD INSURANCE PROGRAM**

**FIRM FLOOD INSURANCE RATE MAP**

CITY OF  
CENTRALIA,  
ILLINOIS  
MARION AND CLINTON  
COUNTIES  
(ONLY PANEL PRINTED)

COMMUNITY-PANEL NUMBER  
170453 0005 C

EFFECTIVE DATE:  
DECEMBER 18, 1984

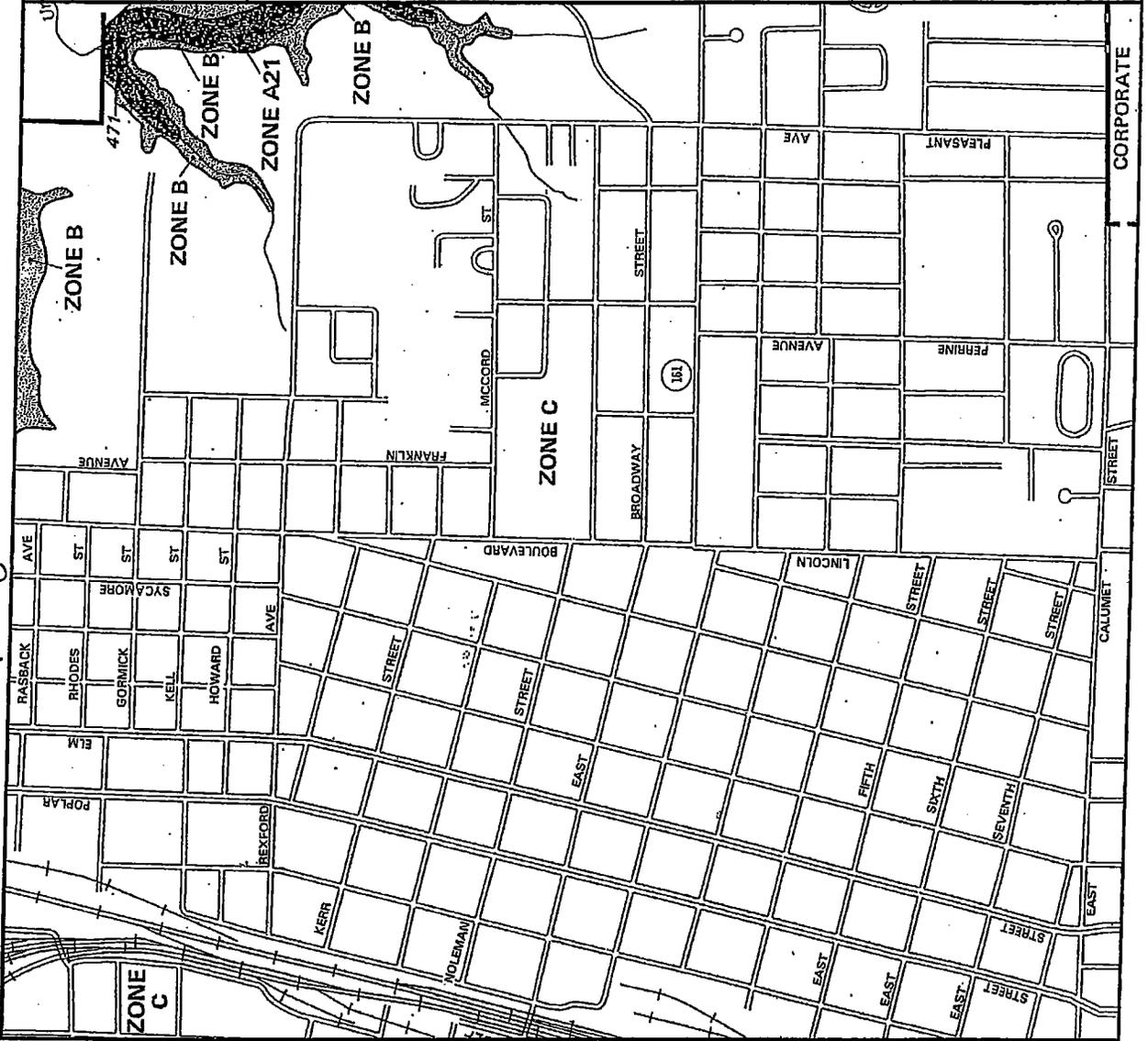
Federal Emergency Management Agency



APPROXIMATE SCALE  
1000 0 1000 FEET

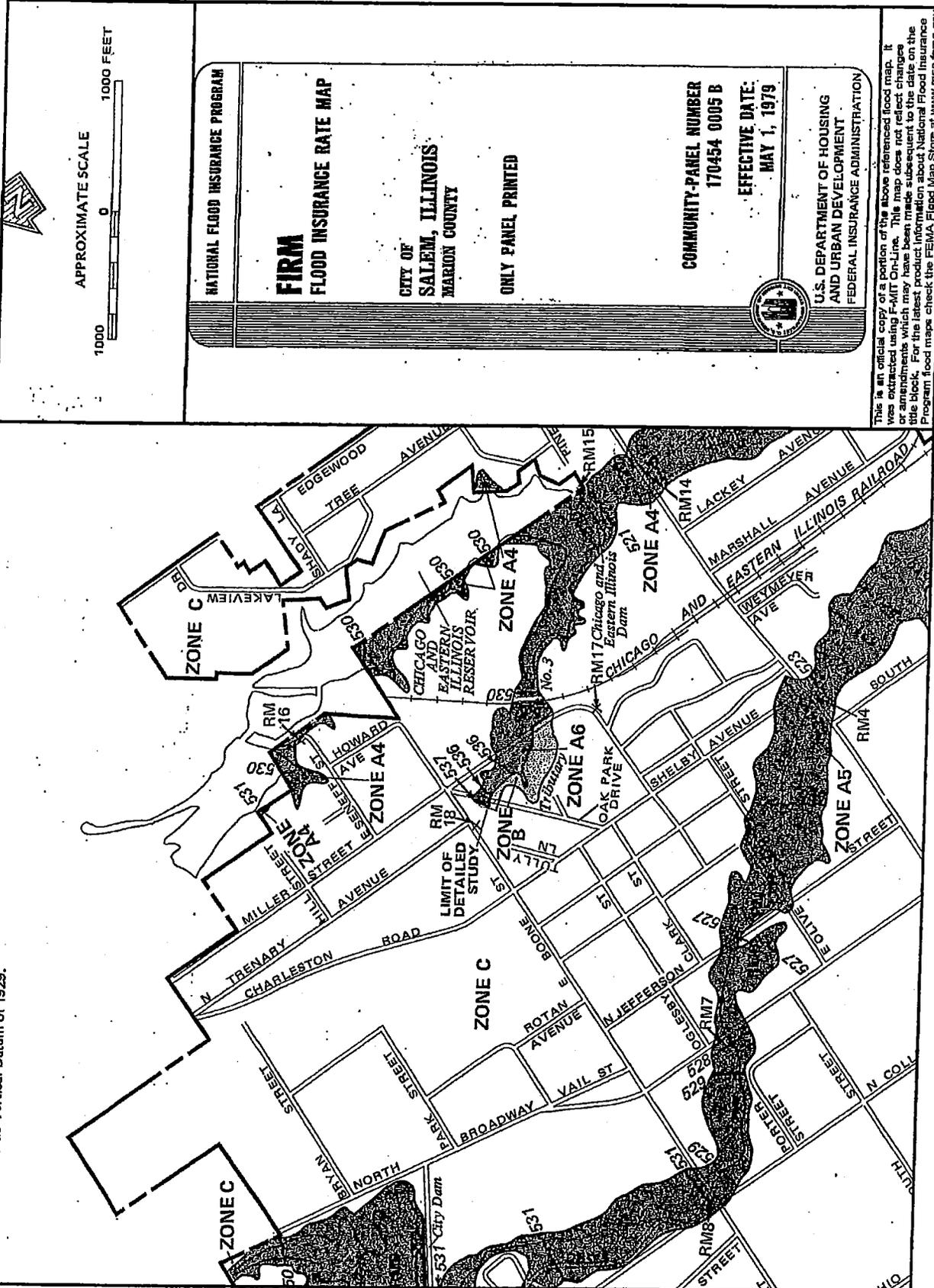


This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)

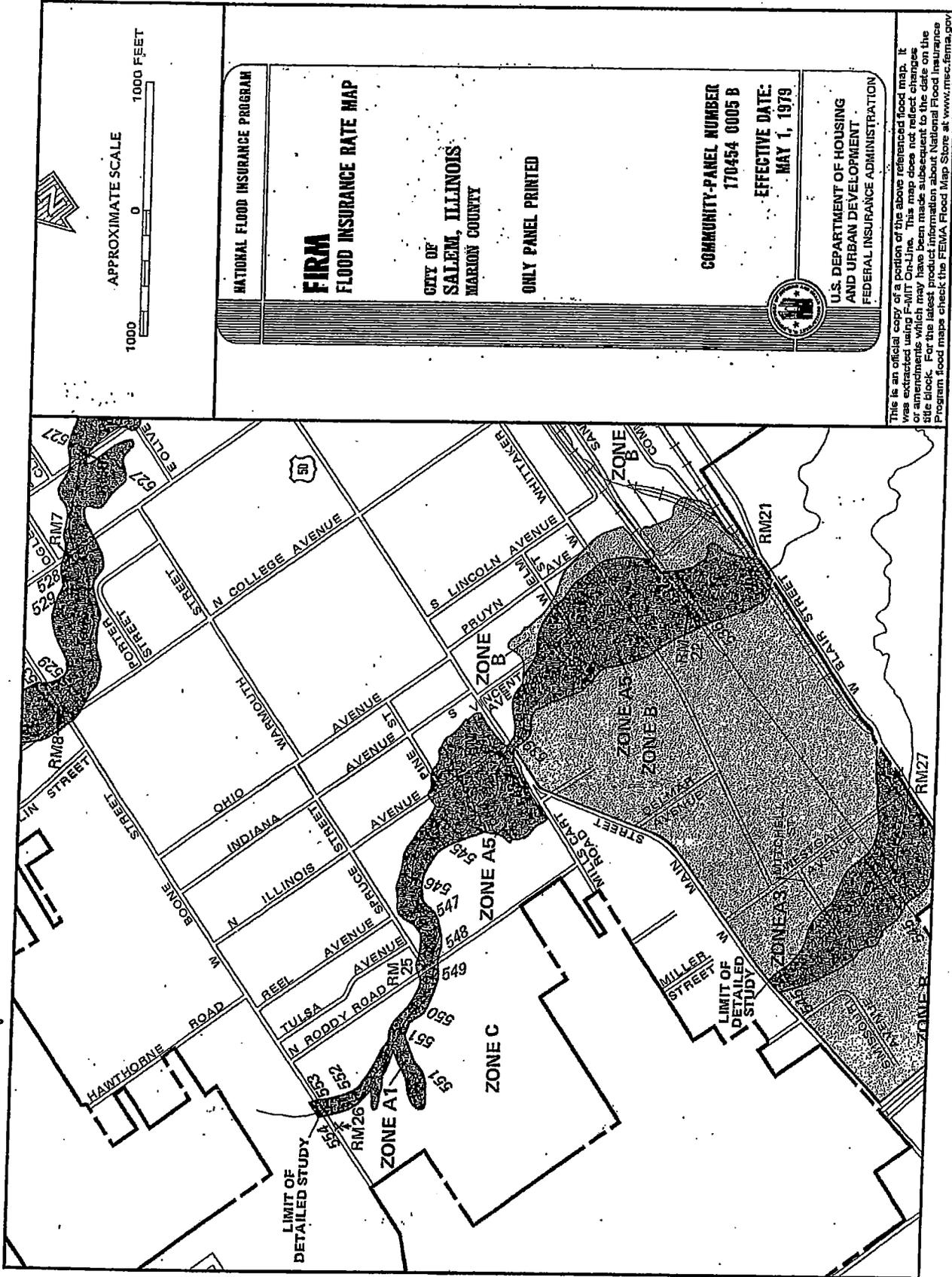


Amg 002 East side

<sup>1</sup>National Geodetic Vertical Datum of 1929.

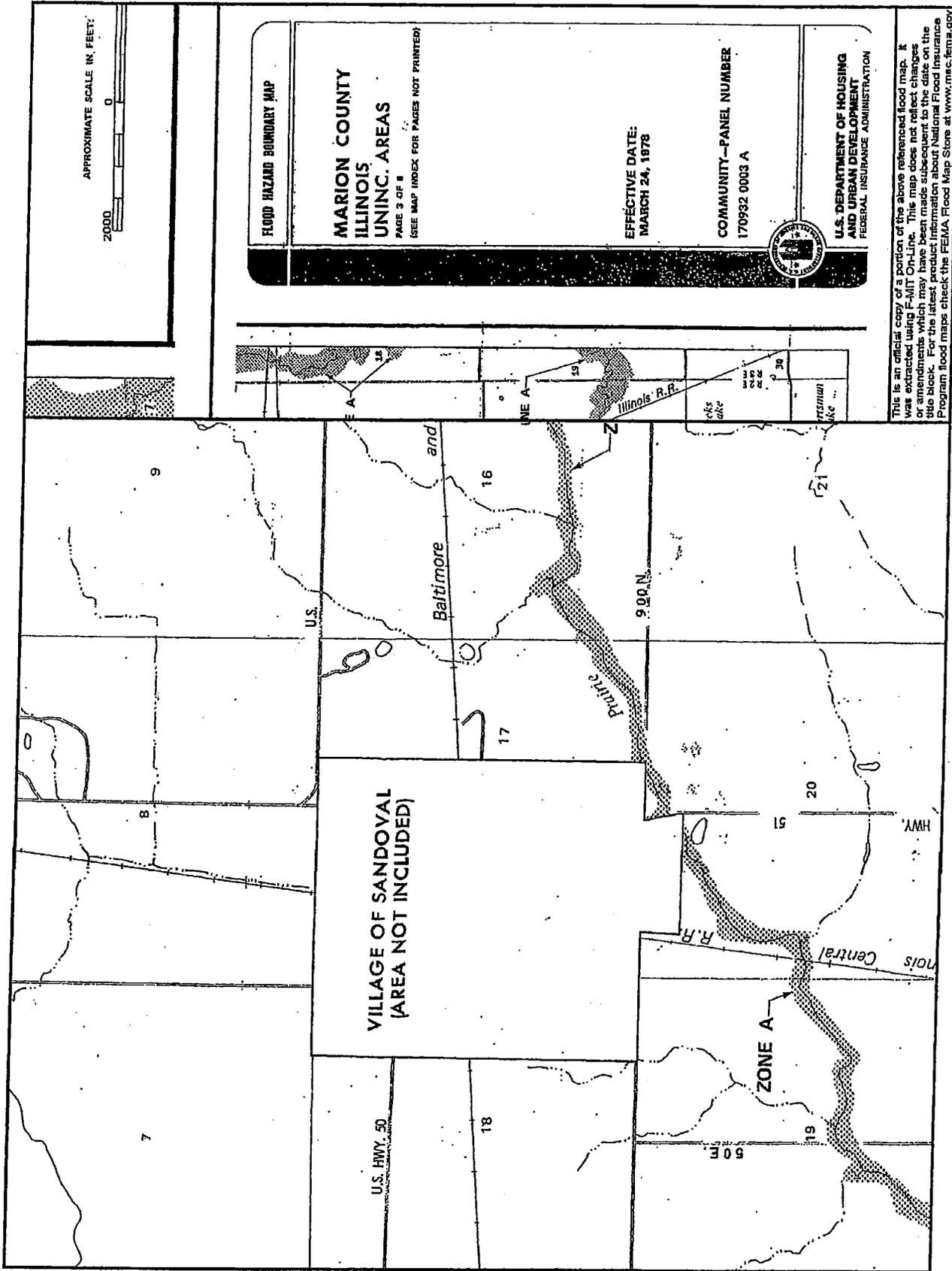


Amp 002 Westside



This is an official copy of a portion of the above referenced flood map. It was extracted using the FIRM On-Line. This map does not reflect changes or amendments which have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.fema.gov](http://www.fema.gov)

Map 003



APPROXIMATE SCALE 1" = 2000'

FLOOD HAZARD BOUNDARY MAP

MARION COUNTY ILLINOIS UNINC. AREAS

PAGE 3 OF 4 (SEE MAP INDEX FOR PAGES NOT PRINTED)

EFFECTIVE DATE: MARCH 24, 1978

COMMUNITY-PANEL NUMBER 170932 0003 A



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FEDERAL INSURANCE ADMINISTRATION

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date of this title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.mmc.fema.gov

Imp 003



**FLOOD HAZARD BOUNDARY MAP**

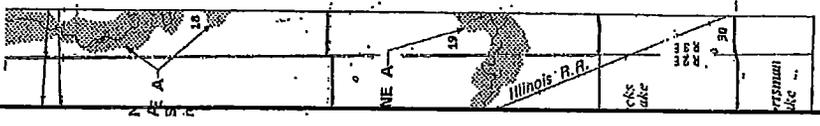
**MARION COUNTY  
ILLINOIS  
UNINC. AREAS**

PAGE 3 OF 8  
(SEE MAP INDEX FOR PAGES NOT PRINTED)

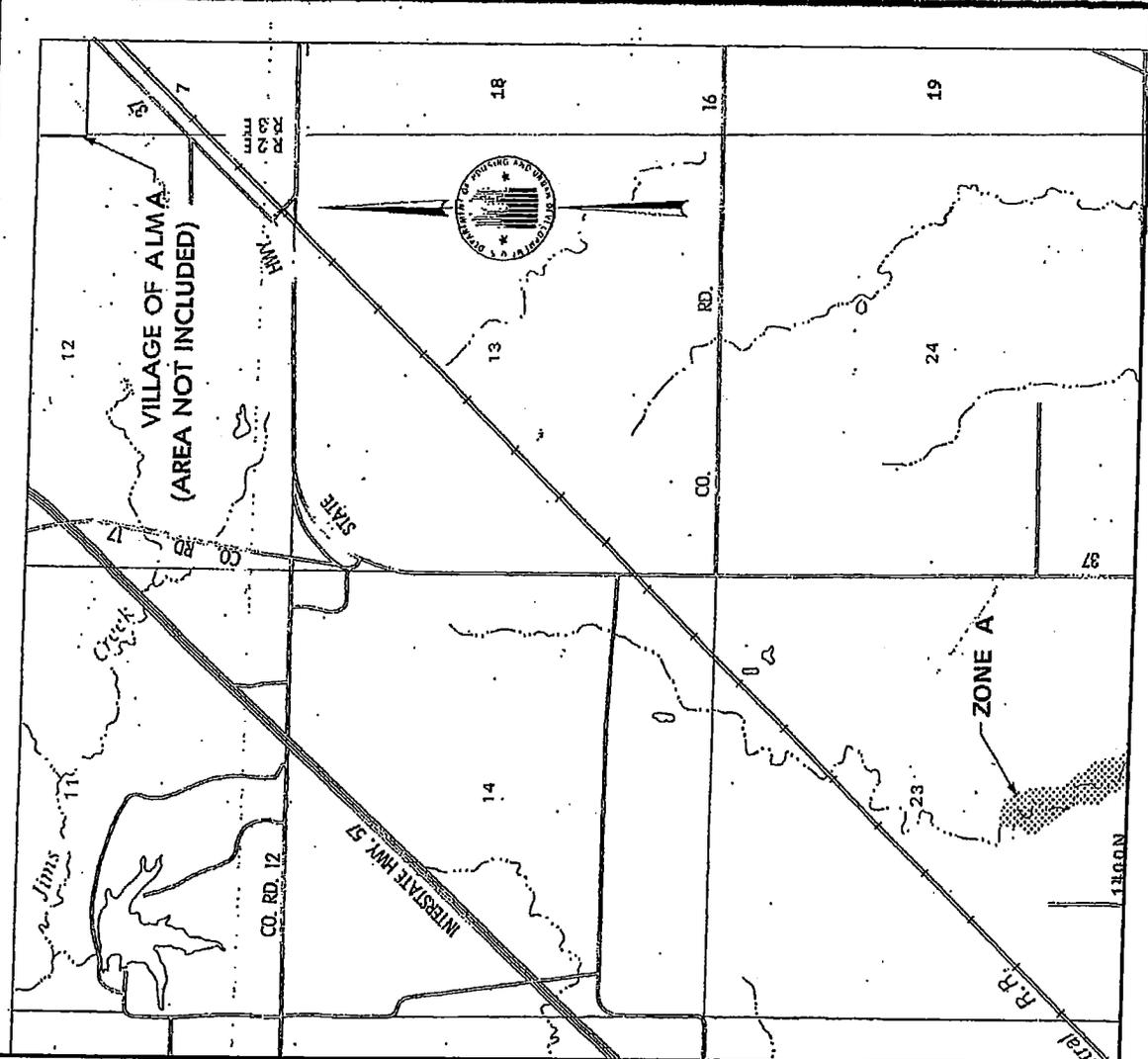
**EFFECTIVE DATE:  
MARCH 24, 1978**

**COMMUNITY—PANEL NUMBER  
170932 0003 A**

**U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT**  
FEDERAL INSURANCE ADMINISTRATION



This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Co-Lines. This map does not reflect changes or amendments which may have been made subsequent to the date of the site block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov).



Imp 003

APPROXIMATE SCALE IN FEET



FLOOD HAZARD BOUNDARY MAP

# MARION COUNTY ILLINOIS UNINC. AREAS

PAGE 3 OF 8  
(SEE MAP INDEX FOR PAGES NOT PRINTED)

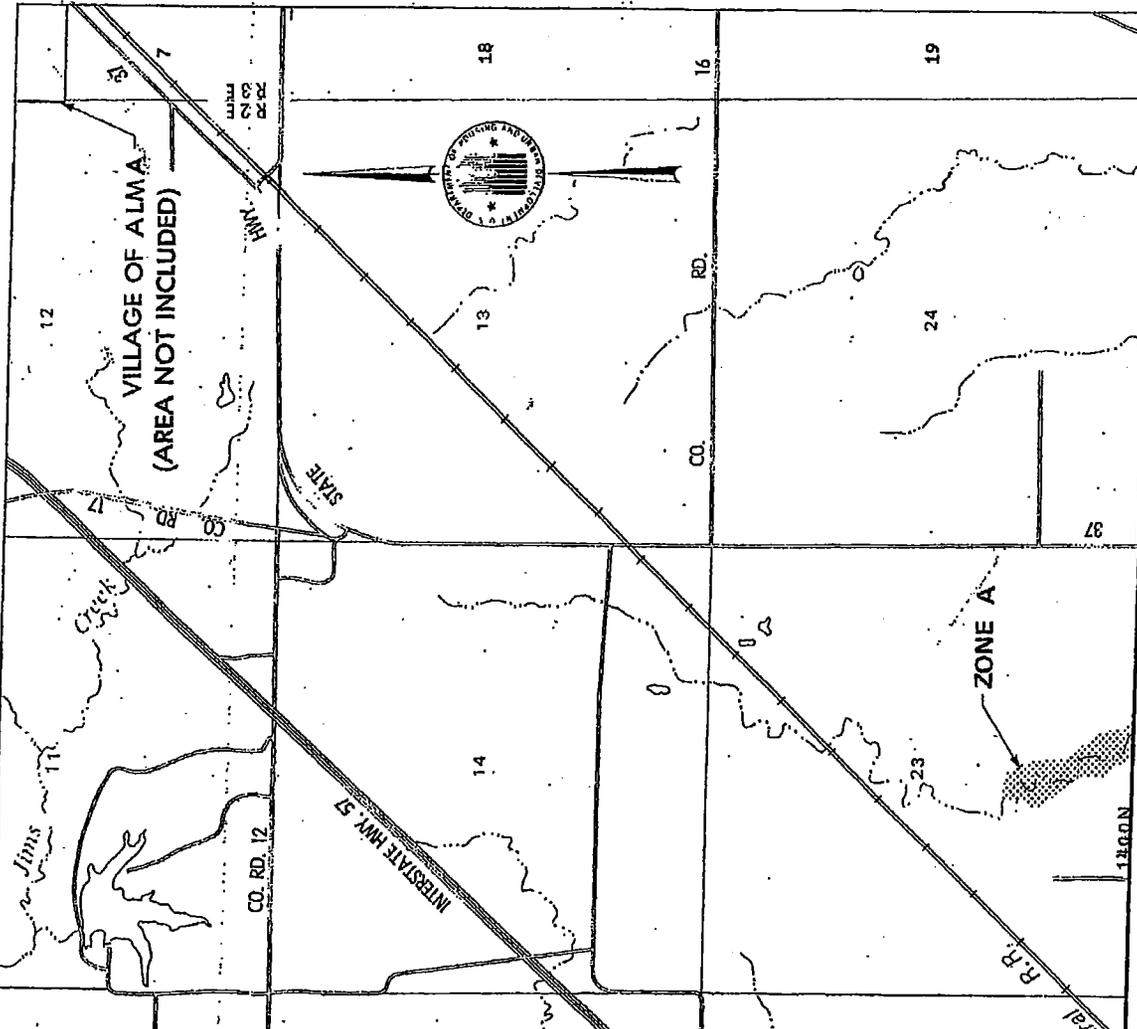
EFFECTIVE DATE:  
MARCH 24, 1978

COMMUNITY—PANEL NUMBER  
170932 0003 A



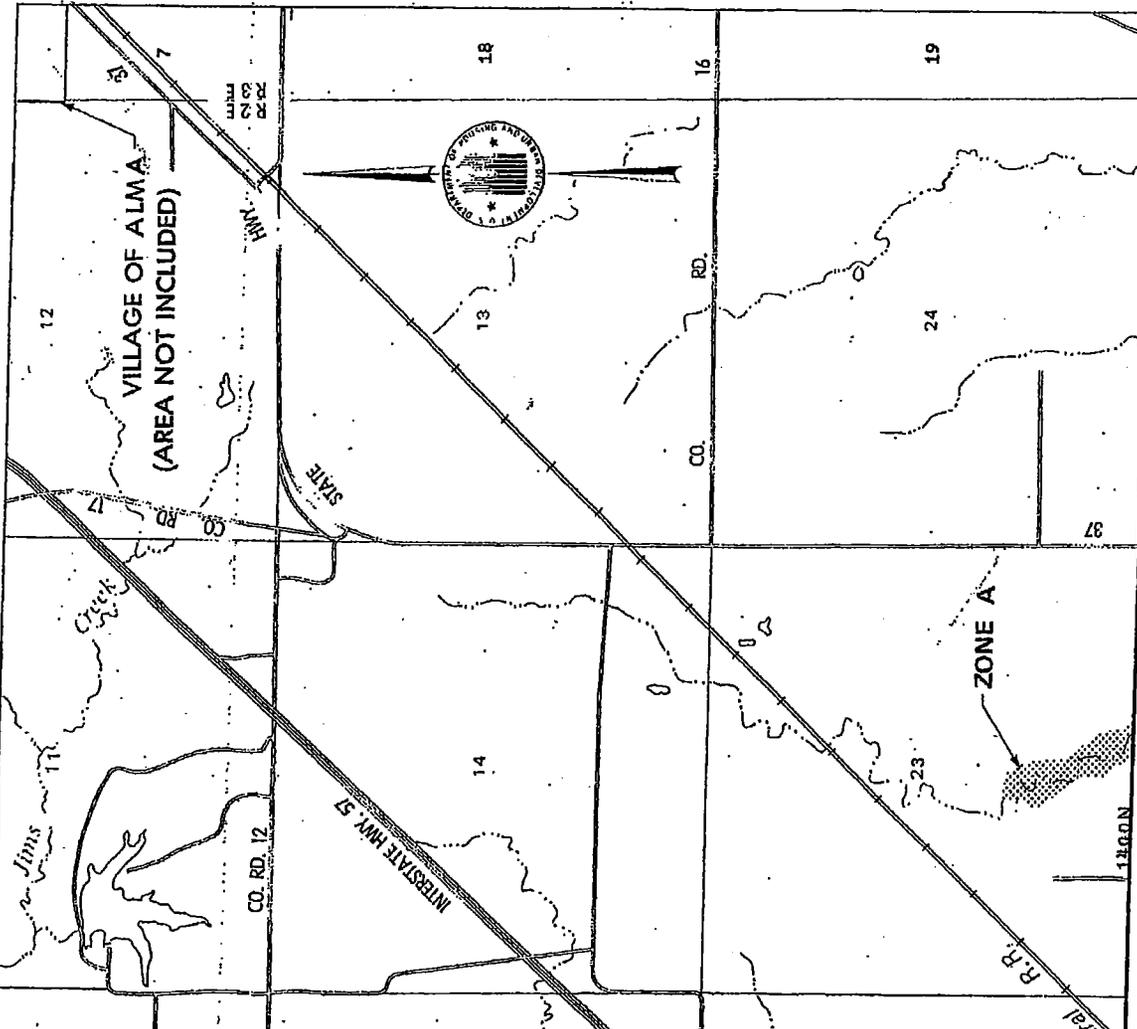
U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT  
FEDERAL INSURANCE ADMINISTRATION

This is an official copy of a portion of the above referenced flood map. It was extracted using FEMA's On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information, contact the National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.nsc.fema.gov](http://www.nsc.fema.gov)



VILLAGE OF ALMA  
(AREA NOT INCLUDED)

ZONE A



<b>Part I: Summary</b>		
<b>PHA Name: MARION COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750107 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2007</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 06/30/2011       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	142,817.00	142,817.00	142,817.00	142,817.00
3	1408 Management Improvements	32,049.86	32,049.86	32,049.86	32,049.86
4	1410 Administration (may not exceed 10% of line 21)	71,408.00	71,408.00	71,408.00	71,408.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	63,142.00	63,142.00	63,142.00	25,222.50
10	1460 Dwelling Structures	284,921.14	284,921.14	284,921.14	274,072.81
11	1465.1 Dwelling Equipment—Nonexpendable	39,400.00	39,400.00	39,400.00	39,400.00
12	1470 Non-dwelling Structures	54,000.00	54,000.00	54,000.00	-0-
13	1475 Non-dwelling Equipment	26,346.00	26,346.00	26,346.00	24,382.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> MARION COUNTY HOUSING AUTH.	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750107 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2007</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	714,084.00	714,084.00	714,084.00	609,352.17
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: MARION COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P05750107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 001	Sign Replacement 57-01	1450		450.00	450.00	450.00	450.00	Complete
	Ceiling Repair 57-01	1460		868.00	868.00	868.00	868.00	Complete
	Bifold doors at closets and pantries 57-03	1460		10000.00	10848.33	10848.33	0.00	Incomplete
	Floor Repair/replacement 57-03;09	1460		3779.65	3779.65	3779.65	3779.65	Complete
	Porch/fascia/soffit 57-12	1460		404.00	404.00	404.00	404.00	Complete
	Water Heater replacement 57-03	1465		5873.20	5873.20	5873.20	5873.20	Complete
	Appliances 57-12	1465		4639.00	4639.00	4639.00	4639.00	Complete
	A/C Replacement	1475		1955.00	1955.00	1955.00	1955.00	Complete
	Copier	1475		11050.00	11050.00	11050.00	11050.00	Complete
Amp 002	Install Parking culverts 57-02	1450		9642.00	9642.00	9642.00	5922.50	Incomplete
	Floor Repair/replacement 57-02	1460		6181.25	6181.25	6181.25	6181.25	Complete
	Porch/fascia/soffit 57-04	1460		150.00	150.00	150.00	150.00	Complete
	Roof Replacement 57-07	1460		68950.00	68950.00	68950.00	68950.00	Complete
	Ceiling repair 57-07	1460		510.00	510.00	510.00	510.00	Complete
	Range Replacement	1465		8804.85	8804.85	8804.85	8804.85	Complete
Amp 003	Expand parking area 57-05	1450		4500.00	4500.00	4500.00	-0-	Incomplete
	Landscaping 57-10; 06	1450		11550.00	11550.00	11550.00	5000.00	Incomplete
	Floor Repair/replacement 57-06	1460		3305.75	3305.75	3305.75	3305.75	Complete
	Porch/fascia/soffit 57-06	1460		1020.00	1020.00	1020.00	1020.00	Complete
	Replace cabinets 57-10; 06	1460		48433.00	46700.00	46700.00	46700.00	Complete
	Replace roof 57-14	1460		56969.84	57854.51	57854.51	57854.51	Complete
	Range replacement 57-05	1465		6755.95	6755.95	6755.95	6755.95	Complete
	Boiler Replacement 57-06	1465		1327.00	1327.00	1327.00	1327.00	Complete
	Build storage units/building 57-10	1470		53000.00	53000.00	53000.00	-0-	Incomplete
	Relocate laundry lines 57-13	1470		1000.00	1000.00	1000.00	-0-	Incomplete
	Garbage Container 57-05	1475		1341.00	1341.00	1341.00	1341.00	Complete
Amp 001; 002; 003	Concrete Walk replacement	1450		21000.00	21000.00	21000.00	-0-	Incomplete
	Backfilling	1450		16000.00	16000.00	16000.00	13850.00	Incomplete
	Plumbing/sewer repair	1460		84349.65	84349.65	84349.65	84349.65	Complete
	Replace water heaters/ ac	1465		12000.00	12000.00	12000.00	12000.00	Complete
	Antenna replacement/repair	1475		12000.00	12000.00	12000.00	10036.00	Incomplete
PHA Wide	Operations	1406		142817.00	142817.00	142817.00	142817.00	Complete
	Management improvements	1408		32049.86	32049.86	32049.86	32049.86	Complete
	Administration expenses	1410		71408.00	71408.00	71408.00	71408.00	Complete

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: MARION COUNTY HOUSING AUTHORITY				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Amp 001; 57-01	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-03	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-09	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-12	09/30/2009	09/14/2009	09/12/2011	09/09/11	
Amp 002; 57-02	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-04	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-07	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-15	09/30/2009	09/14/2009	09/12/2011	09/09/11	
Amp 003; 57-05	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-06	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-08	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-10	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-11	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-13	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-14	09/30/2009	09/14/2009	09/12/2011	09/09/11	
57-16	09/30/2009	09/14/2009	09/12/2011	09/09/11	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		
<b>PHA Name: MARION COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6-30-11       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	150633.00	150633.00	150633.00	150633.00
3	1408 Management Improvements	32700.93	32700.93	32700.93	32700.93
4	1410 Administration (may not exceed 10% of line 21)	77713.00	77713.00	77713.00	77713.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	180360.07	180360.07	180360.07	163076.00
10	1460 Dwelling Structures	248018.00	248018.00	248018.00	211979.00
11	1465.1 Dwelling Equipment—Nonexpendable	48900.00	48900.00	48900.00	41461.76
12	1470 Non-dwelling Structures	29883.00	29883.00	29883.00	0.00
13	1475 Non-dwelling Equipment	8914.00	8914.00	8914.00	2379.56
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> MARION COUNTY HOUSING AUTH.	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	777,122.00	777,122.00	777,122.00	679,943.25
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

**Part II: Supporting Pages**

PHA Name: MARION COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2008</b>
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 001	Replace floors – 57-03	1460		1227.00	1227.00	1227.00	1227.00	Complete
	Repair Roof – 57-03	1460		2338.00	2338.00	2338.00	2338.00	Complete
	Replace Bi-fold doors – 57-03	1460		34622.00	34622.00	34622.00	449.00	Incomplete
	Replace Cabinets 57-03	1460		2164.00	2164.00	2164.00	2164.00	Complete
	Replace Carpet in common room 03/09	1470		14058.00	14058.00	14058.00	-0-	Incomplete
	Replace Picnic table concrete pads – 57-09	1450		9000.00	9000.00	9000.00	3258.00	Incomplete
	Resurface parking 57-09	1450		29600.00	29600.00	29600.00	29600.00	Complete
	Resurface Parking – 57-12	1450		27800.00	27800.00	27800.00	27800.00	Complete
	Replace Sheds	1460		96100.00	96100.00	96100.00	96100.00	Complete
	Replace Steel Doors 57-12	1460		4880.00	4880.00	4880.00	4880.00	Complete
	Substation Computer	1475		914.00	914.00	914.00	914.00	Complete
Amp 002	Replace floors – 57-04	1460		2942.00	2942.00	2942.00	2942.00	Complete
	Replace/ repair roofs	1460		675.00	675.00	675.00	675.00	Complete
	Replace Cabinets	1460		30299.00	30299.00	30299.00	30299.00	Complete
Amp 003	Replace floors – 57-05	1460		2905.00	2905.00	2905.00	2905.00	Complete
	Apartment Remodel 306 Oak	1460		27892.00	27892.00	27892.00	27892.00	Complete
	Ceiling Repair	1460		450.00	450.00	450.00	450.00	Complete
	Replace/ repair roofs/fascia – 57-13	1460		1482.00	1482.00	1482.00	1482.00	Complete
	Replace roofs – 57-06	1460		1088.00	1088.00	1088.00	875.00	Incomplete
	Replace hallway carpet	1470		4825.00	4825.00	4825.00	-0-	Incomplete
Amp 99	A/C -	1475		3000.00	3000.00	3000.00	-0-	Incomplete

**Part II: Supporting Pages**

PHA Name: MARION COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2008</b>
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 001; 002; 003	Tree replacement	1450		3894.00	3894.00	3894.00	3250.00	Incomplete
	Concrete Walk replacement	1450		33824.07	33824.07	33824.07	33824.07	Complete
	Tree trim/removal/replacement	1450		55450.00	55450.00	55450.00	55450.00	Complete
	Backfilling	1450		20792.00	20792.00	20792.00	9893.93	Incomplete
	Plumbing sewer repair	1460		38954.00	38954.00	38954.00	37301.00	Incomplete
	Appliance replacement	1465		48900.00	48900.00	48900.00	41461.76	Incomplete
	Property Signs/Laundry Lines	1470		11000.00	11000.00	11000.00	-0-	Incomplete
	Antenna/Mailbox replacement/repair	1475		5000.00	5000.00	5000.00	1465.56	Incomplete

PHA Wide	Operations	1406		150633.00	150633.00	150633.00	150633.00	Complete
	Management Improvements	1408		32700.93	32700.93	32700.93	32700.93	Complete
	Administration expenses	1410		77713.00	77713.00	77713.00	77713.00	Complete

**Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name: MARION COUNTY HOUSING AUTHORITY					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Amp 001; 57-01	06/12/2010	06/12/2010	06/12/2012		
57-03	06/12/2010	06/12/2010	06/12/2012		
57-09	06/12/2010	06/12/2010	06/12/2012		
57-12	06/12/2010	06/12/2010	06/12/2012		
Amp 002; 57-02	06/12/2010	06/12/2010	06/12/2012		
57-04	06/12/2010	06/12/2010	06/12/2012		
57-07	06/12/2010	06/12/2010	06/12/2012		
57-15	06/12/2010	06/12/2010	06/12/2012		
Amp 003; 57-05	06/12/2010	06/12/2010	06/12/2012		
57-06	06/12/2010	06/12/2010	06/12/2012		
57-08	06/12/2010	06/12/2010	06/12/2012		
57-10	06/12/2010	06/12/2010	06/12/2012		
57-11	06/12/2010	06/12/2010	06/12/2012		
57-13	06/12/2010	06/12/2010	06/12/2012		
57-14	06/12/2010	06/12/2010	06/12/2012		
57-16	06/12/2010	06/12/2010	06/12/2012		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>			
<b>PHA Name:</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750109 Replacement Housing Factor Grant No: Date of CFFP:</td> <td style="width:40%;"><b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b></td> </tr> </table>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>		

<b>Type of Grant</b>	
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-11	<input type="checkbox"/> Revised Annual Statement (revision no: )
	<input type="checkbox"/> Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	155,424	155,515	77,884	77,884
3	1408 Management Improvements	155,424	155,515	38,529.43	36,549.43
4	1410 Administration (may not exceed 10% of line 21)	77,713	77,758	77,758	77,758
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	90,819	79,929	55,600	55,600
10	1460 Dwelling Structures	273,842	284,959	208,693.26	208,693.26
11	1465.1 Dwelling Equipment—Nonexpendable	18,900	18,900	10,717.83	10,717.83
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000	5,000	-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> MARION COUNTY HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1 )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-2011			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	777,122	777,576	469,182.52	467,202.52	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: MARION COUNTY HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 001 57-01	Install Storm Doors	1460		-0-	60,317	44,950	44,950	Incomplete
AMP 002 57-02	Fascia/Gutters/Downspouts	1460		32,534	32,534	27,824.40	27,824.40	Incomplete
					-	-	-	
AMP 003 57-08	Replace Cabinets	1460		29,708	29,708	17,580.36	17,580.36	Incomplete
AMP 001 57-09	Resurface flooring	1460		21,800	21,800	16,955	16,955	Incomplete
AMP 001 57-09	Replace Cabinets	1460		73,450	73,450	65,705.50	65,705.50	Incomplete
AMP 003 57-11	Replace Cabinets	1460		29,000	29,000	-0-	-0-	Incomplete
AMP 001 57-12	Resurface Concrete Parking	1450		27,800	27,800	27,800	27,800	Complete
						-	-	
AMP 002 57-15	Install Storm Doors	1460		-0-	15,000	14,278	14,278	Incomplete
AMP 003 57-16	Paint Vents	1460		1,750	1,750	-0-	-0-	Incomplete
AMP 001,002,003	Concrete Walk Replacement	1450		10,000	10,000	8,800	8,800	Incomplete
AMP 001,002,003	Tree Trimming and Removal	1450		19,000	19,000	19,000	19,000	Complete
AMP 001,002,003	Backfilling	1450		12,219	23,129	-0-	-0-	Incomplete
AMP 001,002,003	Plumbing /Sewer Repair	1460		21,400	21,400	21,400	21,400	Complete
AMP 001,002,003	Appliance Replacement	1465		18,900	18,900	10,717.83	10,717.83	Incomplete
AMP 001,002,003	Antenna Replacement/Repair	1475		5,000	5,000	-0-	-0-	Incomplete
						-0-	-0-	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: MARION COUNTY HOUSING AUTHORITY				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Amp 001: 57-01	09/14/2011	09/07/2011	09/14/2013		
57-03	09/14/2011	09/07/2011	09/14/2013		
57-09	09/14/2011	09/07/2011	09/14/2013		
57-12	09/14/2011	09/07/2011	09/14/2013		
Amp 002: 57-02	09/14/2011	09/07/2011	09/14/2013		
57-04	09/14/2011	09/07/2011	09/14/2013		
57-07	09/14/2011	09/07/2011	09/14/2013		
57-15	09/14/2011	09/07/2011	09/14/2013		
Amp 003: 57-05	09/14/2011	09/07/2011	09/14/2013		
57-06	09/14/2011	09/07/2011	09/14/2013		
57-08	09/14/2011	09/07/2011	09/14/2013		
57-10	09/14/2011	09/07/2011	09/14/2013		
57-11	09/14/2011	09/07/2011	09/14/2013		
57-13	09/14/2011	09/07/2011	09/14/2013		
57-14	09/14/2011	09/07/2011	09/14/2013		
57-16	09/14/2011	09/07/2011	09/14/2013		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	
<b>PHA Name: MARION COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750110 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	

**Type of Grant**  
 **Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**       **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	115,733	115,733	-0-	-0-
3	1408 Management Improvements	154,311	48,511	-0-	-0-
4	1410 Administration (may not exceed 10% of line 21)	77,155	77,155	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000	49,000	-0-	-0-
10	1460 Dwelling Structures	325,778	373,378	4,650	4,650
11	1465.1 Dwelling Equipment—Nonexpendable	13,000	13,000	-0-	-0-
12	1470 Non-dwelling Structures	38,578	38,578	-0-	-0-
13	1475 Non-dwelling Equipment	12,000	56,200	-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> MARION COUNTY HOUSING AUTH.	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	771,555	771,555	4,650	4,650
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: MARION COUNTY HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 001 (57-01; 09;12)	Replace Roofs	1460		193,178	193,178	-0-	-0-	Incomplete
Amp 002 57-07	Replace Roofs	1460		50,000	50,000	-0-	-0-	Incomplete
Amp 003 57-06;16	Replace Roofs	1460		45,000	45,000	-0-	-0-	Incomplete
Amp 001 (57-01;12)	Repair Fascia/Gutters	1460		10,300	10,300	-0-	-0-	Incomplete
Amp 002 (57-02)	Repair Fascia/Gutters	1460		6,000	6,000	-0-	-0-	Incomplete
Amp 003 (57-05)	Repair Fascia/Gutters	1460		4,900	4,900	-0-	-0-	Incomplete
Amp 001,002,003	Antennas/Guards	1475		2,400	12,000	-0-	-0-	Incomplete
Amp 001,002,003	Concrete Walk Replacement	1450		8,000	8,000	-0-	-0-	Incomplete
Amp 001,002,003	Tree Trimming and Removal	1450		16,000	30,000	-0-	-0-	Incomplete
Amp 001,002,003	Backfilling	1450		11,000	11,000	-0-	-0-	Incomplete
Amp 001,002,003	Plumbing /Sewer Repair	1460		16,400	64,000	4,650	4,650	Incomplete
Amp 001,002,003	Appliance Replacement	1465		13,000	13,000	-0-	-0-	Incomplete
Amp 001,002,003	Storage Sheds	1470		38,578	38,578	-0-	-0-	Incomplete
Amp 001,002,003	Alarm System	1475		-0-	44,200	-0-	-0-	Incomplete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: MARION COUNTY HOUSING AUTHORITY					Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Amp 001; 57-01	7/14/2012		7/14/2014		
57-03	7/14/2012		7/14/2014		
57-09	7/14/2012		7/14/2014		
57-12	7/14/2012		7/14/2014		
Amp 002; 57-02	7/14/2012		7/14/2014		
57-04	7/14/2012		7/14/2014		
57-07	7/14/2012		7/14/2014		
57-15	7/14/2012		7/14/2014		
Amp 003; 57-05	7/14/2012		7/14/2014		
57-06	7/14/2012		7/14/2014		
57-08	7/14/2012		7/14/2014		
57-10	7/14/2012		7/14/2014		
57-11	7/14/2012		7/14/2014		
57-13	7/14/2012		7/14/2014		
57-14	7/14/2012		7/14/2014		
57-16	7/14/2012		7/14/2014		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	
<b>PHA Name: MARION COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750111 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	

**Type of Grant**  
 **Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**       **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	132,503		-0-	-0-
3	1408 Management Improvements	132,503		-0-	-0-
4	1410 Administration (may not exceed 10% of line 21)	66,251		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	78,000		-0-	-0-
10	1460 Dwelling Structures	199,780		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable	13,478		-0-	-0-
12	1470 Non-dwelling Structures	10,000		-0-	-0-
13	1475 Non-dwelling Equipment	30,000		-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> MARION COUNTY HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750111 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	662,515		-0-	-0-
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: MARION COUNTY HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 001 57-01	Garage Roof	1470		10,000		-0-	-0-	Incomplete
Amp 001 57-01	Vehicle Replacement	1475		30,000		-0-	-0-	Incomplete
Amp 002 57-02	Culvert Replacement	1450		14,000		-0-	-0-	Incomplete
Amp 003 57-05	Replace Roofs	1460		60,000		-0-	-0-	Incomplete
Amp 001,002,003	Concrete Walk Replacement	1450		30,000		-0-	-0-	Incomplete
Amp 001,002,003	Tree Trimming and Removal	1450		22,000		-0-	-0-	Incomplete
Amp 001,002,003	Backfilling	1450		12,000		-0-	-0-	Incomplete
Amp 001,002,003	Porch Repair	1460		19,300		-0-	-0-	Incomplete
Amp 001,002,003	Plumbing/Sewer Repair	1460		120,480		-0-	-0-	Incomplete
Amp 001,002,003	Appliance Replacement	1465		13,478		-0-	-0-	Incomplete
PHA Wide	Operations	1406		132,503		-0-	-0-	Incomplete
PHA Wide	Management Improvements	1408		132,503		-0-	-0-	Incomplete
PHA Wide	Administration expenses	1410		66,251		-0-	-0-	Incomplete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: MARION COUNTY HOUSING AUTHORITY				Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Amp 001; 57-01	08/02/2013		08/02/2015		
57-03	08/02/2013		08/02/2015		
57-09	08/02/2013		08/02/2015		
57-12	08/02/2013		08/02/2015		
Amp 002; 57-02	08/02/2013		08/02/2015		
57-04	08/02/2013		08/02/2015		
57-07	08/02/2013		08/02/2015		
57-15	08/02/2013		08/02/2015		
Amp 003; 57-05	08/02/2013		08/02/2015		
57-06	08/02/2013		08/02/2015		
57-08	08/02/2013		08/02/2015		
57-10	08/02/2013		08/02/2015		
57-11	08/02/2013		08/02/2015		
57-13	08/02/2013		08/02/2015		
57-14	08/02/2013		08/02/2015		
57-16	08/02/2013		08/02/2015		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	
<b>PHA Name: MARION COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750112 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval: 2012</b>	

**Original Annual Statement**     
  **Reserve for Disasters/Emergencies**     
  **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**     
  **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	132,503		-0-	-0-
3	1408 Management Improvements	132,503		-0-	-0-
4	1410 Administration (may not exceed 10% of line 21)	66,251		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	78,258		-0-	-0-
10	1460 Dwelling Structures	173,000		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable	25,000		-0-	-0-
12	1470 Non-dwelling Structures	10,000		-0-	-0-
13	1475 Non-dwelling Equipment	45,000		-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> MARION COUNTY HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750112 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval: 2012</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	662,515		-0-	-0-
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: MARION COUNTY HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P05750112 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2012</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 002 57-02	CMC Maint shed roof	1475		45,000		-0-	-0-	Incomplete
Amp 001,002,003	Concrete Walk Replacement	1450		20,258		-0-	-0-	Incomplete
Amp 001,002,003	Tree Trimming and Removal	1450		30,000		-0-	-0-	Incomplete
Amp 001,002,003	Backfilling/ Landscaping	1450		28,000		-0-	-0-	Incomplete
Amp 001,002,003	Porch Repair	1460		38,000		-0-	-0-	Incomplete
Amp 001,002,003	Exterior Doors	1460		40,000		-0-	-0-	Incomplete
Amp 001,002,003	Culvert Replacement	1450		40,000		-0-	-0-	Incomplete
Amp 001,002,003	Plumbing/Sewer Repair	1460		55,000		-0-	-0-	Incomplete
Amp 001,002,003	Hallway Carpet	1470		10,000		-0-	-0-	Incomplete
Amp 001,002,003	Appliance Replacement/AC	1465		25,000		-0-	-0-	Incomplete
PHA Wide	Operations	1406		132,503		-0-	-0-	Incomplete
PHA Wide	Management Improvements	1408		132,503		-0-	-0-	Incomplete
PHA Wide	Administration expenses	1410		66,251		-0-	-0-	Incomplete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: MARION COUNTY HOUSING AUTHORITY				<b>Federal FFY of Grant: 2012</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Amp 001; 57-01	07/14/2014		07/14/2016		
57-03	07/14/2014		07/14/2016		
57-09	07/14/2014		07/14/2016		
57-12	07/14/2014		07/14/2016		
Amp 002; 57-02	07/14/2014		07/14/2016		
57-04	07/14/2014		07/14/2016		
57-07	07/14/2014		07/14/2016		
57-15	07/14/2014		07/14/2016		
Amp 003; 57-05	07/14/2014		07/14/2016		
57-06	07/14/2014		07/14/2016		
57-08	07/14/2014		07/14/2016		
57-10	07/14/2014		07/14/2016		
57-11	07/14/2014		07/14/2016		
57-13	07/14/2014		07/14/2016		
57-14	07/14/2014		07/14/2016		
57-16	07/14/2014		07/14/2016		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	
<b>PHA Name: MARION COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06S05750109 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: CFRG 2009</b> <b>FFY of Grant Approval: 2009</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6-30-11       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	98,368	98,368	98,368	98,368
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	733,415	733,415	733,415	733,415
11	1465.1 Dwelling Equipment—Nonexpendable	131,900	131,900	131,900	131,900
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	20,000	20,000	20,000	20,000
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> MARION COUNTY HOUSING AUTH.	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06S05750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: CFRG 2009</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	983,683	983,683	983,683	983,683
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: MARION COUNTY HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06S05750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: CFRG 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 001	Siding Replacement 57-01	1460		109,561	86,500	86,500	86,500	Complete
Amp 001	Appliance Replacement 57-01; 03	1465		40,900	76,944	76,944	76,944	Complete
Amp 001	Replace Roofs 57-01; 12	1460		173,385	180,325	180,325	180,325	Complete
Amp 002	Siding Replacement 57-02	1460		63,000	46,212	46,212	46,212	Complete
Amp 002	Replace Roofs 57-04; 15	1460		160,000	122,390	122,390	122,390	Complete
Amp 002	Appliance Replacement 57-02; 07	1465		44,000	41,494	41,494	41,494	Complete
Amp 003	Replace Outside Lighting 57-15	1475		20,000	20,000	20,000	20,000	Complete
Amp 003	Appliance Replacement 57-05	1465		47,000	13,462	13,462	13,462	Complete
Amp 003	Replace Roofs 57- 05;08;10;11;13	1460		227,469	297,988	297,988	297,988	Complete
PHA Wide	Administration expenses	1410		98,368	98,368	98,368	98,368	Complete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: MARION COUNTY HOUSING AUTHORITY				<b>Federal FFY of Grant: CFRG 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 001: 57-01	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-03	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-09	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-12	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
Amp 002: 57-02	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-04	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-07	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-15	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
Amp 003: 57-05	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-06	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-08	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-10	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-11	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-13	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-14	3/17/2010	3/17/2010	3/17/2012	6/30/2011	
57-16	3/17/2010	3/17/2010	3/17/2012	6/30/2011	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

<b>Part I: Summary</b>						
PHA Name/Number Number MARION COUNTY HOUSING AUTHORITY /IL06P057		Locality (City/County & State) CENTRALIA/MARION COUNTY, IL			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	\$258,768.00	\$293,258.00	\$314,258.00	\$304,358.00
C.	Management Improvements		\$132,503.00	\$132,503.00	\$132,503.00	\$132,503.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$72,490.00	\$38,000.00	\$17,000.00	\$27,000.00
E.	Administration		\$66,251.00	\$66,251.00	\$66,251.00	\$66,251.00
F.	Other					
G.	Operations		\$132,503.00	\$132,503.00	\$132,503.00	\$132,503.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$662,515.00	\$662,515.00	\$662,515.00	\$662,515.00
L.	Total Non-CFP Funds					
M.	Grand Total					



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013			Work Statement for Year: 3 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Site Improvements	\$41,642.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Site Improvements	\$27,500.00
Annual	Amp 002/Meadowlark Manor Apartments	Site Improvements	\$38,480.00	Amp 002/Meadowlark Manor Apartments	Site Improvements	\$32,000.00
Statement	Amp 003/Silver Acres Apartments	Site Improvements	\$42,000.00	Amp 003/Silver Acres	Site Improvements	\$22,000.00
	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Antennas/common rooms/hallways	\$6,000.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Antennas/common rooms/hallways	\$12,000.00
	Amp 002/Meadowlark Manor Apartments	Antennas/common rooms/hallways	\$3,000.00	Amp 002/Meadowlark Manor Apartments	Antennas/common rooms/hallways	\$6,000.00
	Amp 003/Silver Acres Apartments	Antennas/common rooms/hallways	\$15,000.00	Amp 003/Silver Acres	Antennas/common rooms/hallways	\$8,000.00
	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Replace AC units/Appliances	\$12,400.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Replace AC units/Furnaces/Appliances	\$175,480.00
	Amp 002/Meadowlark Manor Apartments	Replace AC units/Appliances	\$30,746.00	Amp 002/Meadowlark Manor Apartments	Replace AC units/Appliances	\$5,778.00
	Amp 003/Silver Acres Apartments	Replace AC units/Appliances	\$7,500.00	Amp 003/Silver Acres	Replace AC/Appliances	\$5,000.00
	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Sewer Reconstruction	\$22,000.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Sewer Reconstruction	\$6,000.00
	Amp 002/Meadowlark Manor Apartments	Sewer Reconstruction	\$35,000.00	Amp 002/Meadowlark Manor Apartments	Sewer Reconstruction	\$9,000.00
	Amp 003/Silver Acres	Sewer Reconstruction	\$29,000.00	Amp 003/Silver Acres	Sewer Reconstruction	\$10,500.00
	Amp 003/Silver Acres	Storage Sheds	\$48,490.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Security Cameras	\$12,000.00
	Subtotal of Estimated Cost		\$331,258.00	Subtotal of Estimated Cost		\$331,258.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2015			Work Statement for Year: 5 FFY 2016		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Site Improvements	\$32,000.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Site Improvements	\$22,000.00
Annual	Amp 002/Meadowlark Manor Apartments	Site Improvements	\$29,000.00	Amp 002/Meadowlark Manor Apartments	Site Improvements	\$19,000.00
Statement	Amp 003/Silver Acres	Site Improvements	\$27,000.00	Amp 003/Silver Acres	Site Improvements	\$27,000.00
	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Replace Siding	\$42,000.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Replace Siding	\$33,480.00
	Amp 002/Meadowlark Manor Apartments	Replace Siding	\$35,480.00	Amp 002/Meadowlark Manor Apartments	Replace Siding	\$41,000.00
	Amp 003/Silver Acres	Replace Siding	\$37,000.00	Amp 003/Silver Acres	Replace Siding	\$31,000.00
	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Replace AC units/Appliances	\$7,578.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Replace AC units/Appliances	\$7,578.00
	Amp 002/Meadowlark Manor Apartments	Replace AC units/Appliances	\$6,500.00	Amp 002/Meadowlark Manor Apartments	Replace AC units/Appliances	\$6,500.00
	Amp 003/Silver Acres	Replace AC /Appliances	\$5,700.00	Amp 003/Silver Acres	Replace AC /Appliances	\$5,700.00
	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Sewer Reconst./Storm Doors/Lock Rep./Cab	\$25,000.00	Amp 001/Malcolm G. Bryant & Susie Lee Davis Apartments	Sewer Reconst./Storm Doors/Lock Rep./Cab	\$30,000.00
	Amp 002/Meadowlark Manor Apartments	Sewer Reconst./Storm Doors/Lock Rep./Cab	\$34,000.00	Amp 002/Meadowlark Manor Apartments	Sewer Reconst./Storm Doors/Lock Rep./Cab	\$38,000.00
	Amp 003/Silver Acres	Sewer Rep./Storm Doors/Lock Rep./Cab	\$33,000.00	Amp 003/Silver Acres	Sewer Rep./Storm Doors/Lock Rep./Cab	\$43,000.00
	Amp 001/002/003	Antennas/common rooms/hallways	\$17,000.00	Amp 001/002/003	Replace Antennas with cable line	\$27,000.00
	Subtotal of Estimated Cost		\$331,258.00	Subtotal of Estimated Cost		\$331,258.00





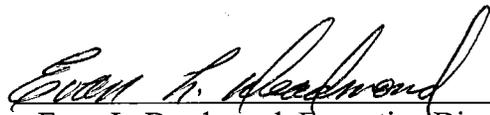
**MARION COUNTY HOUSING AUTHORITY**

**ANNUAL PLAN**

**STATEMENT OF CHALLENGED ELEMENTS**

There are no challenged elements of the Marion County Housing Authority FY 2012 PHA PLAN.

Dated: August 11, 2011

  
Evan L. Deadmond, Executive Director

**MARION COUNTY HOUSING AUTHORITY**

**ANNUAL PLAN**

**RESIDENT ADVISORY BOARD COMMENTS**

There were no comments from the Marion County Housing Authority Resident Advisory Board (RAB) for the FY 2012 PHA PLAN.

Dated: September 2, 2011

  
Evan L. Deadmond, Executive Director

Annual Statement of Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2007 FFY of Grant Approval: 2007	
PHA Name: MARION COUNTY HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: IL06F05750107 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	714,084.00	714,084.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Barbara D. Alford</i>		Signature of Public Housing Director	
Date 9/21/11		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: MARION COUNTY HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: IL06P05750108 Replacement Housing Factor Grant No: Date of CFPP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	777,122.00	777,122.00
21	Amount of line 20 Related to LBP Activities		679,943.25
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date: 9/21/11		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: MARION COUNTY HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: IL06P05750109 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-2011	
		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1 )	
Summary by Development Account		Final Performance and Evaluation Report	
Line		Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	777,122	469,182.52
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	
9/21/11			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: MARION COUNTY HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: IL06P05750110 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	771,555	4,650
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director: <i>[Signature]</i>		Signature of Public Housing Director	
Date: 9/21/11		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: MARION COUNTY HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: IL06P05750111 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	662,515	-0-
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Steven D. Woodward</i>		Signature of Public Housing Director	Date 9/21/11
			Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2012	
PHA Name: MARION COUNTY HOUSING AUTHL		FFY of Grant Approval: 2012	
Grant Type and Number Capital Fund Program Grant No: IL06P05750112 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		
	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	662,515	-0-
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
<i>Steven T. Woodman</i>			
Date		Date	
9/22/11			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: CFRG 2009 FFY of Grant Approval:	
PHA Name: MARION COUNTY HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: IL06S05750109 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	983,683	983,683
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Erin P. Madson</i>		Signature of Public Housing Director	
Date 9/21/11		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.